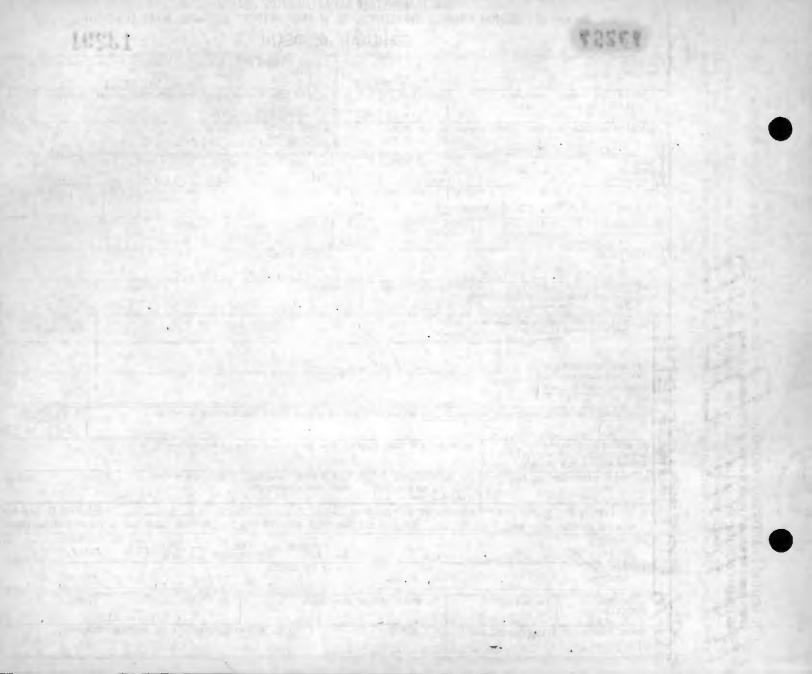
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH #3296 CERTIFICATE certificate be executed within 24 hours after death cian and completely filled in by the funeral lease remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Washington o. COUNTY Q. STATE b. COUNTY Washington Pa. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) bon papers. Page within 72 hours o write RURAL and give necrest town) 2 Years Hagerstown Mercershurg Hagerstown IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS N. Main St. Jackson /Conv./ Home Jackson Conv. Home YES NO IX 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED David. F. 19 66 Agnew Sept. (Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours White oct.4,1878 Days Male WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Mercersburg.Pa. R.D. Store Clerk
13. FATHER'S NAME Gen. Merchn 14. MOTHER'S MAIDEN NAME removo Harriet Eliza. Rhea James Agnew 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death signed by the ottendi burial-tronsit permit (Yes, no, or unknown) (If yes give wor or dates of service 179-07-345JA James E. Agnew Littleton.Colo. crematian. INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Emphysema IMMEDIATE CAUSE (a) physicion. DUE TO Canditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse be retoined by the hospital or offending O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO T 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or lown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While of work of wark 1963, to Sept., 19 6(hot (1) (we) last Sept. 21. I certify that (I) (this haspital) attended the deceased fram. should 16 19 66, and that death accurred at O A M, from causes and an the date stated above. saw the deceased alive an Sent. 22b. DATE SIGNED 22o, SIGNATURE 9/29/66 M.D. PHYS 580 Northern Avenue Hagerstown, Maryland 22d, ADDRESS Poge 4 moy b 22c. PHYSICIAN'S NAME (Type) Howard N. Weeks. M.D. director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 9/30/66 Fairview Com. Mercersburg.Pa. 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 1966 Mercersburg . Pa. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12297 13291 CERTIFICATE OF DEATH death. certificate be executed within 24 haurs after death the attending prysician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and 3 matian, at removal, and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Pashington MARYLAND larvland c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) t. LENGTH OF STAY IN 16 Hagerstown Years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 554 West Church 554 West Church St YES T NO TX 3. NAME OF 4. DATE First Middle Month DECEASED LEE ANDERSON ANNIE (Type or print) DEATH September 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months White July Female 31 WIDOWED KK DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Hagerstown Wash Con vousewife Holle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, John M. Stouffer Isabelle Mace 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. PHYSICIAN: The law requires that the death (Yes, na, grunknawn) (If yes give war or dates of service rs Gladys Gower 554 W. Church St Mone 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN Hagerstown 1 d. signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept, af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Z 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at work at work 21. I certify that (1) (this haspitel) attended the deceased from Light 24, 1966, to Aug 26, 1966, that (1) (we) last saw the deceased alive an Light 26, 1966, and that death accurred at 4100 AM, from causes and an the date stated above. 3 should 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 9/27/66 M.D. DIRECTOR director, page 3 should be filed v 22d, ADDRESS 22c PHYSICIAN'S ANDREW M. MANDELL, M.D. NAME (Type) 119 E. ANTIETAM ST., HAGERSTOWN, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) agerstown Wash lose will Cemetery Hagerstown 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 1966 iarely Andrew K. Coffman Funeral Home Inc

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and 3 gany event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits c, CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 15 M: d. STREET ADDRESS IS RESIDENCE OR WISTITUTION (If not in haspital, give street address) ON A FARM YES NO 3. NAME OF FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely firector, page 3 should be detached for use as the burial-transit permit. Then please emove carban hould be filed with the State Dept. of Health prior to burial, cremation, or removal, and its any event, with 4. DATE Year DECEASED OF DEATH (Type or print) SANA m ber 6 1966 AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED Manths Hours Davs SepT WIDOWED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates at service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY ONSET AND DEATH YEMA IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a) DUE TO stoting the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour a.m. factory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram (2) PM 1966, that (H) (we) last 1966, and that death occurred at 2 35 A. M. from couses and on the date stated above saw the deceased alive on 22a. SIGNATUR 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Smithsburg, Maryland 21783 Charles F. Hess. M.D. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (Stote) REMOVAL (Specify)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON after MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 30 YR S. HAGERSTOWN = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 WASHINGTON COUNTY HOSPITAL 39 E. WASHINGTON NO Z YES completely i NAME DE First Middle DATE Month Dav Last DF remove carb MARY ADA BAUMGARDNER 24 19 66 SEPTEMBER (Type or print) 5. SEX 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Davs Hours 10/6/1886 and FEMALE WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease and ir RETIRED SCHOOL TE. INDUSTRY SCHOOL MARYLAND certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then premoval. DAVID L. WOLFINGER MARTHA A. STINE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. GREENCASTL (Yes, no. or unknown) \(\(\)(If yes nive war or dates of service) NONE MRS. VIRGINIA MYERS PENNA cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. Corebral thrombosis - cachexia 3weeks IMMEDIATE CAUSE (a) signed burial-tr burial, DUE TO Arteriesclesotie vascular disease yrs Cenditions, If any, which rise to Immediate まな DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO I 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached 1 Dept. of None MEDICAL 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 2Dc. TIME DF INJURY Month, Day, Year 20f. (City or town) (County) det e L factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1961 toSept. 24 1966 that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from... Aug DIRECTOR: saw the deceased alive on Sept. 24 19 66 and that death occurred at P. M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING K MED. DIRECTOR 9-26-66 Harred Trut M.D. FUNERAL 22d. ADDRESS PHYSICIAN'S director, p 22c. NAME (Type) 302 N. Petemac Street Hagerstewn, Md Dr. Hareld R. Tritch, Jr M.D. (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 9/27/66 ROSE HILL CEM. HAGERSTOWN MD. ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** DATE S

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. RTIFICATE DEATH funeral after PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission a. COUNTY by the sand 2 : death. MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 CITY OR TOW .5 -Pages d. NAME OF HOSPITAL INSTITUTION (if not in hospital, give street address) STREET ADDRESS ON A FARM completely papers. n 72 ho YES NO F Cumberl and NAME OF DATE Month Day Year DECEASED OF _ (Type or print) DEATH carbon 190 ¥iñ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday Months Days Hours WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY State, or foreign country) done during most of working life, even if ratired) 13. FATHER'S NAME dutti es MOTHER'S MAIDEN NAME U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT removal (Ifyes give war or dates of servica) CAUSE OF DEATH [Enter only one cause pay line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Signed IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 19. WAS AUTOPSY 95 0 CERTIFICATION PERFORMED? use prior NO [for 20a. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) ö factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR Dept. at work at work p.m. 9 196.(1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... pluods State .1906..., and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on. ORO 22a. SIGNATURE 226. DATE SIGNED ATTENDING eth. Page 4 HOSPITAL DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, postular director, pos NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) (State) REMOVAL (Specify Rese Hagerstewn. emeterv 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS 966 Spring. VR A15 (4) DATE 20M 5-63

TREEF Ĩ WESTER - NEW WESTER HASERSTOWN I MOD IPONO 1 Cleer Spring Western Md. State Hosp concentration. ANN Elizabeth Boyd Sept 25 66 11-26-79 86 MM HOUSELKEEPER MARYLAND USA DANIEL G BOYD LUCY V BOYD No lane 216-41-42 secret Cardias made Coronary Sclerosis loyus Arteriosclerosis generalized logis 8-22 db 9-25 db V9.26-66 Edwin G. Rilet W. Mid State Hosp Hoperton A medal - 9/20/66 Hors Fill decoucery - Here'stemm, e (

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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23	D. BURIAL, CREMATION, 236, DATE THEREOF	102- NAME OF CE	METERY OR CREMA	TOPY	22d LOCATION (C)	CELLY-MA	(54-4-)
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24	REMOVAL 9/28/1966 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	TUTTER			250 REGISTRAR'S 510	NATURE #
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	CHARLES M. ROUZER	HAGERSTOWN, 1	THILLIAM	DATE	3 10	i	4 9

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours ofter deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Washington o. STATE b. COUNTY Maryland ve carbon papers. Pages 1 event, within 72 hours after MARYLAND Washington campletely filled in by the f nove carbon papers. Pages c CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest lawn) b CTY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 15 write RURAL and give negrest tawn) Funkstown Years Funkstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 173 YES NO TY be executed within remove carbon 3 NAME OF Middle First cost 4. DATE Month Day Year DECEASED OF DEATH 13, 66 William Brittain September John 19 F UNDER 1 YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthday) Manths Doys 13 Hours WIDOWED DIVORCED July 30. 1905 0 Male White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) edse Clothing COUNTRY? Tresco Hazelton. Fa. requires that the death certificate Taylor & Musican 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME the ottending of ser EdwardBrittain Elizabeth Gallop 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dates of service) 00 No. 207-10-2392 Carrie M. Nelson, Box 173, Funkstown, Md. cremotion. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) burral-tronsit orchesso-ONSET AND DEAT PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) signed ! DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the l last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS ALTOPSY for use (PERFORMED? NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 40 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While at wark at work to JAK certify that (1) (this haspital) attended the deceased fram. ploods 18 30 AM, fram causes and on the date stoted above. and that death occurred at the deceased/olive an / SIGNATURE 22b DIRECTOR STAFF PHYS ATTENDING director, page 3 should be filed v M.D. Ollo PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) Philip J. Hirshman, M.D. 159 W. Washington St., Hagerstown, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Cedar Lawn Memorial Park 9- 16- 66 Hagerstown Md 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE SEP 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Haaerstown 5 The A. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRES ON A FARM? 1020 Lincoln St. No R DATE Month 3. NAME OF Middle Last DECEASED Elizabeth September (Type or print) Brown DEATH 19 66 2 with within DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Jeb. 5. 1900 temale WIDOWED 57 DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INQUSTRY Own Home USA Gapland, Md. Housewite pages in any MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elmer Lee Gordon Laura Lavaia Boyer and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Hagerstown Md. (Yes, no, or unkown) (If yes give war or dates of service) removal. Mr. Daniel H. Brown 1016 Lincoln St. 214-09-64022 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion sudden IMMEDIATE CAUSE (a) DUE TO arteriosclerotic coronary artery disease years Conditions, if any, which gave rise to immediate DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY CERTIFICATION PERFORMED? used to bu YES X NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 밀급 CAUSE OF DEATH. shou 3 shou 20f. (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy x. Inspection Inquiry and in my opinion Homicide Undetermined manner Accident Suicide death resulted from: Natural causes Ix CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 580 Northern Ave. DEPUTY MEDICAL EXAMINER X FUNERAL I Address (Street, city, town, or county) Hagerstown, Md. **EXAMINER'S** Howard N. Weeks. director. retained 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOYAL (Specify) 0 0 Rest Haven Cemetery Hagerstown 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melanley VR A15ME Rest Haven Funeral Chapel Hagerstown, Md. 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and death and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) Washington o. STATE Maryland COUNTY Pr.Geo. van papers. Pages I within 72 hours after MARYLAND b. City OR IOWN (If outside corporate limits, write RURAL and give nearest town)

Hagorstown C LENGTH OF STAY IN 15 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest tawn) day Mt.Rainier d NAME OF HOSPITAL OR INSTITUTION (If no in haspital, give street oddress)
Western/State Hospital d STREET ADDRESS e IS RESIDENCE ON A FARM? Western/State 2800 -Shepherd NO TO 3. NAME OF Middle 4 DATE Month Day DECEASED (Type or print) 30 MO DEATH IF UNDER 24 HRS AGE (In years) IF UNDER 1 YEAR 6 COLOR OR MARRIED NEVER MARRIED y last birthdoy) Months Doys Hours 5/2/1892 Male White WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physician c during most of working life even if retired) INDUSTRY Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William O. Carroll Sweeney the attending passit permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Annette M. Powell (above addcremation, 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by IMMEDIATE CAUSE (a) physician. DUE TO Canditians, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause ar attending as the O FUNERAL DIRECTOR: After this certificate has been priar ta (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO fa 26b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (Caunty) factory, street, affice bidg., etc.) Hour a.m. Not While ot wark L of work 21. I certify that (I) (this haspital) attended the deceased fram be retained , and that death accurred at 36 PM, fram causes and an the date stated above. saw the deceased alive an 4-22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D director, page should be filed 22d ADDRESSWestern State 22c. PHYSICIAN'S Page 4 may NAME (Type) Hagarstown. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Fort Lincoln Cem Colmar Manor. Funeral ADDRESS Mt. Rainier 25d. RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) Home Inc. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fulleral hours after death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY y filled in by the fu papers. Pages 1 hin 72 hours after o b. COUNTY Washington Maryland MARYI AND Washing ton CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Gateway Nursing Home event, within No.Potomac Street ND 12 YES within letely carbon 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DEATH September (Type or print) John Burchel 1 27 Castleman 19 66 executed /scran and no 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS, last birthday) | Months | Days | Hours | Min. NEVER MARRIED Male White March 7,1898 WIDOWED X DIVORCED | 68 .= 10a USUAL DCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN DF WHAT COUNTRY? U.S.A. 11, BIRTHPLACE (County & State, or foreign country) Machinist Brucetown. Virginia physical n The law requires that the death certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending phermit. Then removal John Samuel Castleman Virginia Aulabaugh 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) 232-01-8646 ed by the attend transit permit. , cremation, or re 16. SOCIAL SECURITY ND. 17. INFORMANT Address Donald R.Castleman-Martinsburg. West Va 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). attending physician. Myoumsin Intraction 1 WETHIN DUE TD Arrenosciano TIC HE MIT DISENS YENNE Conditions, If any, which) gave rise to immediate DUE TD cause (a), stating the as th ARTSCHOSCIENOSIS CYENERACIASIS TE LOTS underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use Health p certificate hospital or Pulanuary Cauppystang. HIPERTONSING C. V DISEASE YES 🗔 NO. 208. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this cerum detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) be detached State Dept. o MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work After While ATTENDING p.m. at work DIRECTOR: A age 3 should lied with the 3 21. I certify that (I) (this hospital) attended the deceased from 12 2007 to 27 3507 19 66 that (I) (we) last 19100 and that death occurred at 112 AM, from the causes and on the date stated above. 27 SCAT saw the deceased alive on 19606 22a. SIGNATURE age 4... FUNERAL Dn. rtor, page 3 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. HOSPITAL 22c. PHYSICIAN'S TO FUNERAL director, p 22d. ADDRESS NAME (Type) 218 N. Poromacon HE STEEDS BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 9-30-1966 New Norborne Cemetery Martinsburg Berkeley
REC'D BY REGISTRAR'S STO 24. FUNERAL DIRECTOR ADDRESS VR AI5 (4) DATE [] Martinsburg, W. Va. Home 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 77 77 19 death. **OR ATTENDING PHYSICIAN:** The low requires thot the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a_COUNTY b. COUNTY ashington Maryland Washington ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corparate fimits, r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Hagerstown Yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC the ottending physician and completely filled in sit permit. Then please remove carbon papers. ON A FARM? "ashington Ave "ashington NO T 3. NAME OF Middle Year First Last DECEASED ROBERT DEATH Sept (Type or print) LIF UNDER 24 HRS AGE (in years IF JNDER 1 YEAR B DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Dovs ond in any hale mni te WIDOWED DIVORCED 11 1904 11. BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT 10o, USUA, OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even fretired) INDUSTRY Baltimore City Md. Crew Dispatcher Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, James F. Causher Wilhemina Beattie 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Page 4 may be retained by the hospital or attending physician.

[O FUNERAL DIRECTOR: After this certificate has been signed by the ottendin director, page 3 should be detached for use as the burial-tronsit permit. (Yes no, ar unknown) (If yes give war ar dates at service 705-10-6532 Mrs Ethel A. Causher 643 Washington 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ersto 7n and. INTERVAL BETWEEN n SWEETAND BEATH 1. Pulmonary infarction (embolism) IMMEDIATE CAUSE (a) **MOTOR** Carcinoma of the rectum with yr. Conditions, if any, which gave) rise to immediate cause (a), metastasis to the liver DUE TO stating the underlying cause 3 should be detoched for use as the with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, Nat While factory, street, affice bldg., etc.) at wark at wark ta Sept. 13, 1900 that (11 (we) last 21. I certify that (1) (this haspital) attended the deceased from March 29 19 00 sow the deceosed alive on 9/13 19 66, and that death occurred of M, from causes and on the date stated above. 22b. DATE SIGNED 22a, SIGNATURE 14,1966 ATTENDING STAFF PHYS. Sept. M.D. PHYS director, poge 3 should be filed v 22d. ADDRESS 148 West Washington St. 22c. PHYSICIAN'S B. B. Kneisley, M.D. NAME (Type) Hagerstown. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Hagerstown "ash Rose Hill Cemetery 250. REC'D BY REGISTRAR Hagerstown 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR Ind. Coffman Euneral Home Inc

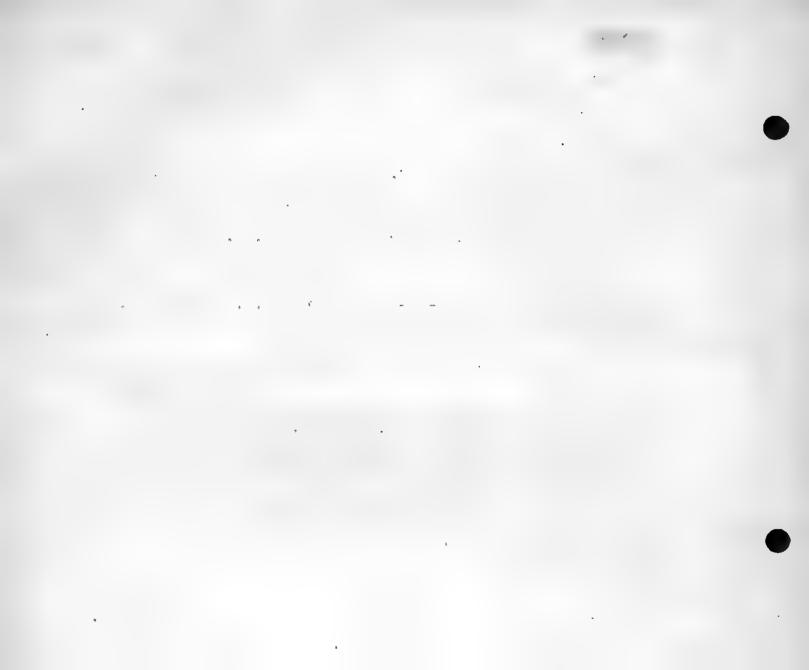


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. physician.
signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages I and burial-transit permit. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE ASHINGTON GEORGES MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUPAL and give negress town SUITLAND mo. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 3944 WESTERN MARYLAND STATE HOSPITAL SUITLAND ROAD YES 🔲 NO I NAME OF 4. DATE First DELETION 0F (Type or print) DEATH IF UNDER IF UNDER 24 HRS SEX DATE OF NEVER MARRIED YEGE 7 MARRIED Months Davs Haurs 700 DIVORCED WIDOWED 12. CITIZEN OF WHAT IOg. USUA. OCC. PATION 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State ... ic. e.c.) country) COUNTRY? during most of working, the leven if retired) INDUSTRY WASHINGTON. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNA MEADE SHEAHAN IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT COSTETEO (HUSBAND) HARRY (Yes, no, or unknown) [(If yes give war ar dates of service 578-09-976B-B DR. BETHESDA. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO rocardial infarction Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** for use as the ! Health priar ta b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) The rombosis YES 🗁 NO CERTIFICAT و 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) by the hospital detached f te Dept. af f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or town) 20d INJURY OCCURRED (County) (State) 20c, TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Haur a.m. at work at wark þe 21. I certify that (I) (this haspit h attended the deceased from shauld be retained ond that death accurred at 613-M, fram causes and on the date stated above. saw the deceased alive on 22n, SIGNATURE DATE SIGNED MED ATTENDING 3 DIRECTOR PHYS. **PHYS** 22d ADDRESS 22c. PHYSICIAN S O HOSPITAL Page 4 may director, To NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION REMOVAL (Specify) OLIVET CEMETERY WASHINGTON. 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and campletely filled in by the funeral remove carbon papers. Pages I and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat o._COUNTY. shington physician. signed by the attending physician compress, signed by the attending physician compress. Pages is the transit permit. Then please remove carbon papers. Pages is the transit permit. The please remove carbon papers. MARYLAND E CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) Hagers town erst own d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ""est shir ton St YES NO EE NAME OF Middle First Month Year DECEASED OF DEATH Sept ABPTH 19 (Type or print) F JNDER 1 YEAR IF UNDER 24 HRS S SEX AGE (in years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED Doys birthdoy) Months Hours m-1 te WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Thurmont Fred Co Ad Car Distributor 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknorm Jacob Henry Caver garah Ann 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, pg. or anknown) ((If yes give wor or dotes of service) Miss Dorothy 16+ 17. 05-10-6866 INTERVAL BETWEEN Huserstown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY-ONSET AND DEATH Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) nse to immediate couse (a), DUF TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health 205. DESCRIBE JOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER with the State Dept. 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office,bldg., etc.) While Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased from.... 11114/14, 19 66, to 10 att, 1966, that (1) (we) last 3 should 14/4/4 19 64, and that death occurred at 1:00 PM, from couses and on the date stated above saw the deceased alive on, 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR 9-30-66 M.D PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN NAME (Type) S. Prospect St., Hagerstown, Md. Stauffer. M.D. John C. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) est Haven Cenetery Hagersto m Wash 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Lagerstown 1966 Coffman Funeral Hone Inc Andrew DATE 20 M 1/66



1	Items 20821 Film 331 WARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.)	MEDICAL EXAMINER'S CERTIFICATE OF BEATH 10004
DESCRIPTION OF	I. PLACE OF DEATH a. COUNTY a. STATE 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY
250 til	Washington Happing Ponnagilyonia
cessary, o the funeral se 5 may be be beartment after death.	I WELLS KUNAL BIIC KIVA NAKASI TOWN:
S He ter	
lay 3 to to Page Page Itate Dours at	On a Farm?
Page Page State	3. NAME DF First Middle Last LA DATE Month Day Year
my d 2, ar 3M3. The the	(Type or print) Howard N. Coy DEATH September 23, 1966
th. If ar form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ath. ages for 2 v	Male White WIDOWED DIVORCED 5/6/16 50 VTS.
er deat ive Pag with I and 2	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 10b. KIND O
after Given ng s 1 s 1 s 1 s 1	Truck driver Coal & stone Saxton, Pa. USA
ours after 18. Give a slong e along l'Ester l'	
5 2 5	Jesse Coy Alda Dick 15. WAS DECEASED EVER IN U.S. ARMED FORCES7 16. SOCIAL SECURITY NO. 17. INFORMANT Address
n 24 in s 0; s 0; a1, 7	(Yes, no, or unknown) ((If yes give war or dates of service)
l within 2 pencil in miner's C permit.	Ye s WW II 193-09-6718 Masood F.H., Saxton, Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
EXAMINER: This certificate should be executed within 24 hours after death. If any delance the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. In files. ETOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Signated agent, prior to burial, cremation, or removal, and impany event within 72 ho	PART I. DEATH WAS CAUSED BY: INCEPTATION OF Spleen ONSET AND DEATH 13 days
ecut Igrans In En	736.6 DUE TO
dica dica natic	Conditions, if any, which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
", bur Cren	gave rise to immediate (cause (a), stating the DUE TO
houl ord thief	underlying cause last. (c)
ficate should be executed the word "pending" in o the Chief Medical Exaused as a burial-transit to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PET 10 10 19 4 10 19 19 19 19 19 19 19 19 19 19 19 19 19
to the to	YES NO OS EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part II of Itam 18.)
ER: This certificate, writing forwarded to 3 should be agent, prior to	20a. EXTERNAL CAUSE WAS PRIMARY DI OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Rat II o
rhis ward ward thou	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
for tor	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour Xirw, p.m. Selt 9 19 66 at work at work American Legion Ft. Loudon Pa.
EXAMINED the certificate of should be sold to sh	21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection [], Inquiry [], and in my opinion
EXA Shoul files. TOR:	death resulted from: Natural causes, 1, Accident 12, Suicide 1, Homicide 1, Undetermined manner
cute the coage 4 show r your files. DIRECTOR:	CHIEF MEDICAL EXAMINER (9/23/66
MEDI.	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 722. DATE SIGNED
	EXAMINER'S Howard N. Weeks, M.D. DEPUTY MEDICAL EXAMINER 580 Northern Ave. Address (Street, city, town, or county) Hagerstown, Md.
EPU ase sctol	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of Firet	Burial 9/25/66 Fockler Cem. Saxton, Penna.
	24 FUNEBAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
VR AISME (5) 5.M 1/65	the Sunger Mercersburg, Pa. DATE SEP 1960
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 hours after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Den please remove carbon papers. Pages I and burial, cremation, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a STATE 6 COUNTY Far 1 nd "asuin ton MARYLAND b CITY OR TOWN (If outside cosparate amits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give negrest town) Hagerstown d. NAME OF HOSP-TAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? d. STREET ADDRESS 200 Penna Ave shington County H. s. it. YES NO IX NAME OF 4. DATE Month Year DECEASED PALPH ARIMADOD COYLE DEATH Sept (Type of print) 19 IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED THE NEVER MARRIED lost birthdoy) Months Hours DIVOR CED erch 30 11 BIRTHPLACE (County & State or foreign country) 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Public School Keedvsville "ash 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Rohrer Svlvester Covle 17. INFORMANT WAS DECEASED EVER IN 1.5. ARMED EDROES? 16. SOCIAL SECURITY NO. (Yes, ag, or unknown) (If yes give year or dotes of service) 232-26-5464 Ers Mildred F. Covle 9.0 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN alwaer to n . d. ONSET AND DEATH PART I DEATH WAS CAUSED BY: Repeated hemorrhage IMMEDIATE CAUSE (6) Bleeding DUE TO Conditions, if ony, which gove Duodenal ulcer rise to immediate couse (a), DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION Pulmonary emphysema YES T NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (I) (this hospital) attended the deceased fram Sept. 27, 1966, to /Sept. 27, 186, that (I) (we) last saw the deceased alive on Sept. 27, 1866, and that death accurred at 800PM, fram causes and an the date stated abave. 22a. SIGNAJURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS Sept. 27. 1966 M.D. PHYS. 22c. PHYSHIAN'S NAME (Type) William T. Layman, M. D. 22d. ADDRESS 100 Professional Arts Bldg. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (Stote) REMOVAL (Specify) Rest H.ven Ce.etery Ferstown 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR town **ADDRESS** 25o. REC'D BY REGISTRAR . a. Coffian muneral Home Inc 1966

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

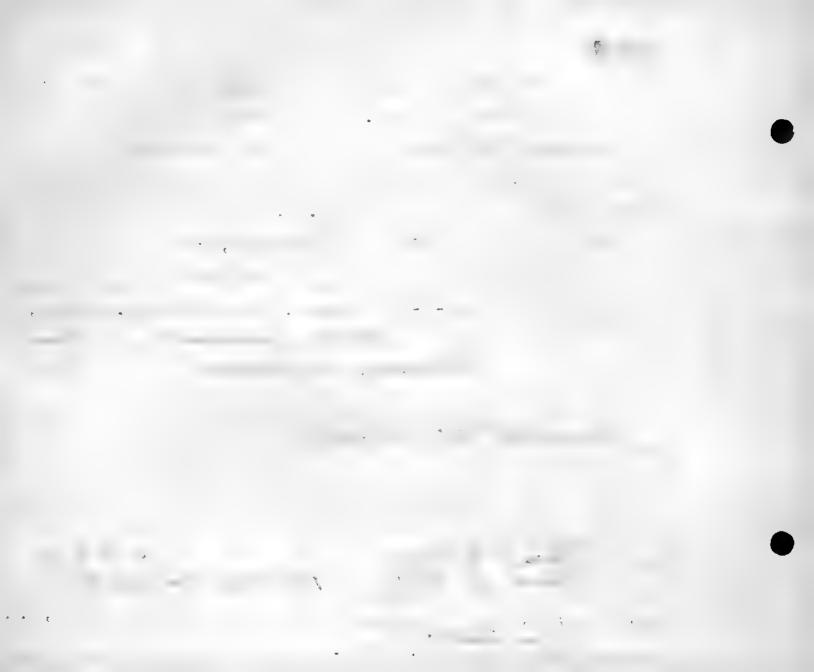
133 13306 deoth. The law requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE **b** COUNTY Washington the ottending physician and completely filled in by the fur sit permit. Them-please remove corbon papers. Pages 1 mation, or restructed yand in any event, within 72 hours after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if autside corporate limits, write RURAL and give gearest tawn 50 yes Hagerstown Haaerstown d NAME OF HOSPITAL OR INSTITUTION (If not a haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital 761 Spruce St. YES NO R Middle 4. DATE 3 NAME OF Last Day Yeor DECEASED 9da Marie September ('ressler DEATH 19 66 (Type or print) 1 YEAR IF UNDER 24 HRS. IF UNDER S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 7 last bythdoy) Manths Days Hours White Gemale WIDOWED DIVORCED March 15, 1898 12. CIT ZEN OF WHAT TDo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) COUNTRY during most of working life, even if retired) Own Home Keedysville, Md. 13. FATHER'S NAME Lewis Kindle Mary Churches Address Hagerstown Md WAS DECEASED EVER IN J.S. ARMED FORCES? 17. INFORMANT 36 SOCIAL SECURITY NO (Yes, na or unknown) (If yes give wor or dates of service) 2 308 Nottingham Road burial, cremation, or Mrs. Dolly Wissinger 18. CAUSE OF DEATH (Enter on y one couse per line, signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Poge 4 may be retoined by the hospitol or attending physicion. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause use os the l FUNERAL DIRECTOR: After this certificate hos been PART II. OWER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO YES far 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS JNDERLYING I OR CONTRIBUTING TO CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 2Dc. TIME OF INJURY Manth, Day, Year Not While factory, street, office blda., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased from that (I) (we) last M, from causes and on the dote stoted above saw the deceased alive on_ and that death occurred at director, page 3 should should be filed with the 22g. SIGNATURE 22b DAFF SIGNED M.D. PHYS DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Spec fy) Md Rest Haven Cemetery Haaerstown 0 250. REC'D BY REGISTRAR REGISTRAR'S VR A15 (III) Juneral Chapel Hagerstown, Md 20 M 1/66

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N. 18.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The low requires that the deoth certificate be executed within 24 hours ofter death and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY a. STATE Washington Maruland Prince George on papers. Pages I within 72 hours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 21 mos-Lanham Magerstown d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Western Maryland State Hospital 9312 Fontana Drive YES NO X 3. NAME OF DECEASED 4 DATE First Lost Doy Thomas Washington September ממעי) 19 66 (Type or print) DEATH IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR 7 MARRIED NEVER MARRIED birthday) Days Haurs Male White Dec. 22,1879 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) INDUSTRY Jextile COUNTRY? attending physicion permit. Themplease Jacksonville, Alabama 13. FATHER'S NAME Henry Cupp Nancy Stewart Address North Carolina 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, or unknown) (If yes give wor or dates of service Charles J. Cupp 609 Charles Ave. Charlotte 246-09-5823 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: bneumonia IMMEDIATE CAUSE (o) signed by Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? AEDICAL CERTIFICATION teriosclerosus YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While at work of work 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Page 4 may be retained M, fram causes and an the date stated above and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR director, page 3 should be filed v M.D. 22d ADDRESS 22c. PHYSICIAN'S 1500 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town 23a. BURIAL, CREMATION. Removal & Burial Charlotte Mechlenburg. Evergreen Cemetery REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 25h. VR A15 (4) Hagerstown Md. M 1/66 Juneral Chapel DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o STATE **b** COUNTY Washington of o Maryland Washinaton haurs after death. MARY, AND b. C.TY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate in its write RURA, and give nearest town) gud write RURAL and give nearest town). 56 urs Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 228 S. Locust St. 228 S. Locust St NO X 3 NAME OF Middle DECEASED OF DEATH Clauton Deaver September (Type or pant) 19 66 SEX 6 COLOR OR RACE B DATE OF BIRTH AGE IF UNDER I YEAR IF UNDER 24 HRS birthdoy) Months Dovs White July 16, 1890 Male WIDOWED 100 SUALOCCUPATION (Give kind of work done during most of working life even if retired)

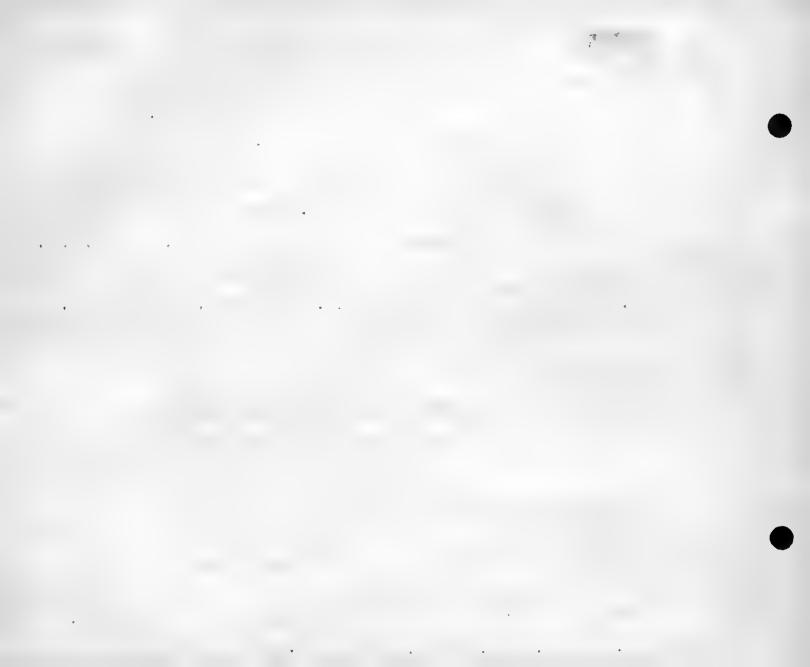
Painter 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY Rileyville, Virginia 13. FATHER'S NAME Joseph Deaver Jennie Walker and Address Hagerstown Md 16 SOCIAL SECURITY NO be executed removal (Yes, no, or unknown) (If yes give wor or dates of service) 217-10-2803 Mrs. Ollie Deaver 228 S. Locust St. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 5 IMMEDIATE CAUSE (o) ward crematian, DUE TO Artinés classer, generalizat and Conditions, flony, which gove rise to immediate cause (a). stoting the underlying cause is schiebie Grant Diosens WAS AUTOPS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART .(o) PERFORMED? NO DESCRIBE HOW INJURY OCCURRED (Enter nature of in vey in Port I or Port I of tem 181) PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) foctory, street, office bldg., etc.) of work 2) I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X, and in my opinian Natural couses X death resulted fram Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health Edward Address (Street, city fown, or county) Ditto. 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Rest Haven Cemetery wn Washington
25b REGISTRAR'S SIGNATURE Hagerstown Meliantes VR ATSME IS 1966 Rest Haven Funeral Chapel

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the attending physician and campletely filled in by the funeral ransit permit. These peoples I agd-2 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY Washington Washington o. STATE Maryland ve carban papers. Pages 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CTY OR TOWN (If outside corporate rimits, E LENGTH OF STAY IN 16 write RURAL and give nearest town)
Hagerstown 2 Days Rural Knoxville Rfd. 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM Washington County Hospital Brownsville YES NO K NAME OF Middle last DATE Oav Year DECEASED (Type or print) September 12, 66 Annie Catherine Deener 19 DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIEO lost birthdov) Months Hours WIDOWED T DIVORCEO Female White Nov. 1, 1869 10 12. CITIZEN OF WHAT 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Burkettsville. Md. Own Home U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME Mason Coulter Julia Gordon IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Mrs. John Jennings. Brownsville. Md. No. None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH STRANGULATED HERNIA IMMEDIATE CAUSE (a) **QUE TO** Conditions, if ony, which gove rise to 1m mediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the priarta O FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health CORONARY INSUFFIENCY NO K 200 ACCIDENT WAS UNDERLYING [7] 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour am. factory, street, affice bldg., etc.) Not While OR ATTENDING ot work at work 21. I certify that (1) (this hospital) attended the deceased fram 9-10-66 . 19 10 9-12-66 , 19___, that (I) (we) last with the and that death occurred at 1-30 AM, from causes and on the date stated above saw the deceased alive on 9-12-66 19 22b. OATE SIGNED 22a. SIGNATURE 9-13-66 director, page 3 should be filed v M.O. DIRECTOR PHYS. PHYS. NAME (Type) J.R. DWYER, M.D. 224 APOR NG ST., HAGERSTOWN, MD. 22c. PHYSICIAN SA 23b OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 9-14-66 Brownsville Cemetery Brownsville, Md. ADDRESS 2Sq. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE SEP Marley 1986 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and nation, at removal, and in any event, within 72 hours after deal PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Washington Maruland Washington MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town? Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? NO 🔀 3 NAME OF Middle Lost 4 DATE Doy Year DECEASED Belva Gau Derr September DEATH 19 66 (Type or print) IF UNDER 1 YEAR 5 SEX 9. AGE (In years last birthday) IF JNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Doys Hours White Duly 18, 1897 Female DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 13. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) Own Home COUNTRY? Washington Co. Ad. 13. FATHER S NAME Venton Luther Palmer Martha Jane Smith IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Mr. C.O. Derr 24 High St. Kagerstown Md 212-14-6311 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion Recent signed by t IMMEDIATE (AUSE (o)_ DUF TO Conditions, if any, which gove Hypertensive Cardio Vascular Disease rise to immediate couse (o), DUF TO stoting the underlying couse as the priar to 1 Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO T YES fq 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) at work of work 21. I certify that (I) (this haspital) attended the deceosed from March , 1966 , to Sept. _, 19<u>66</u>, that (I) (we) lost saw the deceosed alive on Ang. 26. 19 66, and that death occurred at 6 P. M. fram causes and on the date stored abave. 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Washington St., Hagerstown, Md. W. Ditto. directar, shauld be 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Md_ Wash. Hagerstown 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP VR A15 (4) Rest Haven Juneral Chapel Hagerstown, Md. 1986

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLANO b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No -YES 3. NAME OF First Middle Last DATE Month. Year DECEASED EPIT 1966 (Type or print) DEATH AGE (In years LIF UNDER 1 YEAR HE UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days DIVORGED [T] WIDOWEO 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) MOUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT (Yes. no. or unkown) | (If yes give war or dates of service) 720 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: FRACTURED SKULL INTRA-ABDOMINAL HEMORRHAGE (b) FRACTURED LEFT FEMUR INSTANT Conditions, if any, which gave rise to immediate DUE TO SEVERE LACERATIONS OF LEG & cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO X YES 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) COLLISON WITH ONCOMING CAR CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While X MD. STATE WASH FAIRPLAY Inspection X. inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy | |, Natural causes Accident X. Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER | 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9-4-66 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** .W. DITTO XXX retained Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OF TREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 9 F195ELS ADDRESS texteal REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR GLEN Treck T VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. death the attending physician and campletely filled in by the funeral sit permit. Then please carban papers. Pages I and natian, ar remaval attempones on the property within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH a. COUNTY L COUNTY Washington arvland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest fawn) eeks lliamsport Hagerstown e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS "illiansport ganatarium 609 Frederick YES NO XX 3 NAME OF Middle 4 DATE Fifst Year DECEASED DICK DEATH September 19 66 LARGARET (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED dast birthday) Haurs Davs Aug 26 Whi te 1876 WIDOWED K DIVORCED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) COUNTRY during most of working life, even if retired) INDUSTRY Hagerstown Wash Co Housewife Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval Henry Doarnberger Mary Purcell 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dotes of service) Charlotte Bellomy 310 Frederick None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) S.C. o erstown burial-transit PART I. DEATH WAS CAUSED BY umulo03/5 IMMEDIATE CAUSE (a) 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha Page 4 may be retained by the haspital ar attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by DUE TO 36-670-11330-124 Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? far use YES T NO 205. DESCRIBE HOW INJURY-OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year Hour o.m. Toctory, street, office bldg., etc.) 21. I certify that (1) other hospital) attended the deceased from 1960, to M, from causes and an the date stated above 19 and that death accurred at, saw the deceased alive an-22d SIGNATURE DATE SIGNED 22b. STAFF PHYS. MED DIRECTOR M.D. PHYS. filed agpd 22d ADDRESS PHYSICIAN S director, po shauld be 1 NAME (Type 23b DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL CREMATION REMOVAL (Specify) agerstown Fash Co rd Rose will Ceretery 25b. REGISTRAR'S SIGNATURE ZSG. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Coffman Funeral Home Inc VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. The law requires that the death certificate be exacuted within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a..STATE b. COUNTY ashington Washington MARYLAND Maryland signed liy the offerting physicion and completely filled in by the fur buriol transit permu, then please remove carban papers. Pages 1 buriol, cremotion, or removal, and in any event, within 72 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Week Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE Garlock Nursing Hone 1101 Maugans NO TES Middle 4 DATE 3 NAME OF First Lost Month Year DECEASED OF DEATH DRAPER LESTER BREWER Sept 14 1966 19 (Type or print) 9. AGE (n years IF UNDER YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Hours White WIDOWED N Male DIVORCED June 1885 12. CITIZEN OF WHAT IDa, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during mast of working life, even if ret red) NOUSTRY red Williamsport Wash Freight Conductor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Daniel S. Draper Florence Wolford 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates af service) 717-07-9384 Miss Anna M. Draper 1101 Laugans INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Hugerstown ONSET AND DEATH Anterio Scherntic Heart IMMEDIATE CAUSE (a) _ Page 4 may be retoins by the hospital or attending physician. Arteriosclerosis generalized Conditions, if ony, which gove 20 V2 rise ta immediate cause (a), DUE TO stoting the underlying cause ed far use as the b of Heolth prior to b last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Benign-NO X 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 206 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20e, PLACE OF INJURY (Home, form, (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark 21. I certify that (1) (this-hospital) attended the deceased from Hug & . 1966 , to 38/24 14 , 1966 , that (1) (we)-last 13 19 66, and that death accurred at 2 32 M, fram causes and an the date stated above. saw the deceased alive an Lecot 22b. DATE SIGNED 22g-SIGNATURE MED. DIRECTOR ATTENDING PHYS 9-14-66 PHYS M.D. director, poge 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S Edward W. Ditto III. M.D. 217 West Washington Street NAME (Type) Hag. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Hagerstown Wash Co Rest Haven Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Andrew K. Coffian Funeral Home Inc DATE SEP 1986



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after deoth PLACE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 and dec 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Maryland b. COUNTY Washington Washington MARYLAND oon popers. Pages 1 within 72 hours after b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 51 una 74 Madison Ave. Hagerstown d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDEN ON A FARM? Washington County Hospital YES 🗌 NO please remove carbon 3 NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH September 16 1966 19 Michael Michael NMN Farrie AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Hours Days М Jan. 1, 1904 and in ony WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Food Pennsylvania / McKeesport requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removo by the ottending phy Elizabeth Cario Valentine

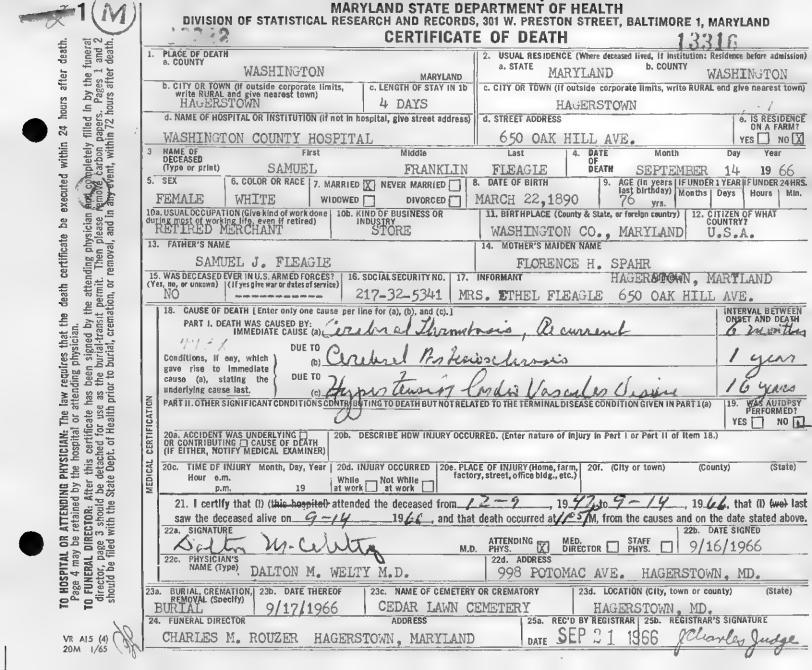
Address Hagerstown, Md.

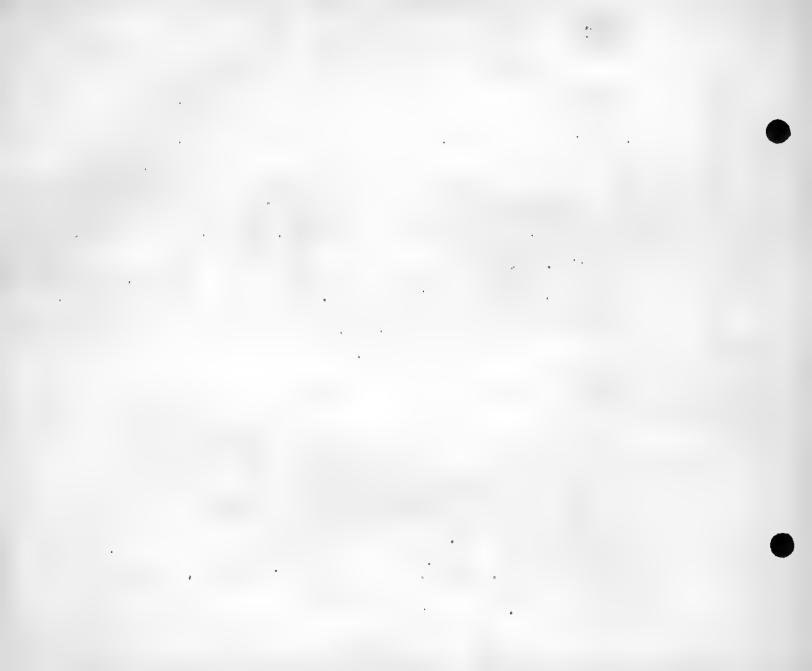
rrie 74 Madison Ave. Joseph Farrie 17. INFORMANT IS WAS DECEASED EVER IN LIS ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, aryaknawn) (If yes give war ar dates of service) ö 705-10-4732 Mrs Michael Farrie cremotion. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: 6 Months Carcinoma, gallbladder with extensive liver met. IMMEDIATE CAUSE (o) DUE TO signed | Conditions, if ony, which gave rise to immediate couse (o), DUE TO ficote has been s for use os the b f Heolth prior to b stating the underlying cause Page 4 may be retained by the hospital or attending last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO O FUNERAL DIRECTOR: After this certificate CERTIFICAT 200 ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) 19 66, to Sept. 16, 1966, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from Aug. 13 should saw the deceased alive on Sept. 15, 1966, and that death accurred at 7:45AM, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 9-16-66 DIRECTOR M.D director, page s should be filed 22d. ADDRESS 22c. PHYS Kehne. M. 1229 Ravenwood Hts., Hagerstown, Md 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURJAL, CREMATION, 23b. DATE THEREOF (State) RENOVAL (Specify) ML. Rest Haven Cemetery Hagerstown Wash 25b. REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR Hagerstown Md. DATE SEP 1926 Juneral Chapel

The septi

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death funera and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Washington Maryland MARYLANO Washington: b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstow n c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours 18 days Hagerstown .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? Washington County Hospital 126 Fairground YES NO TX carbon 3. NAME DE DECEASED Middle Last DATE OF Oav Year event, 1 ANN MATTLDA (Type or print) **FAULKNER** DEATH 26 19 66 Sept. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED SEX and con OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | any Hours I Female Whi to WICOWED [July 13 1886 80 yrs. OIVORCEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician and phease re .= 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Hosiery Mill Washington, Maryland USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending partition of their CHARLES FAUGHANDER ANN GROSCH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2617 S. Holbrook St. (Yes, no, pe unkown) (If yes give war or dates of service) Fred Faughander Philadelphia, Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PHYSICIAN: The law requires that the been signed by the burial-transit cor to burial, crems PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Mvecardial insufficiency by the hospital or attending physician. DUE TO Congestive heart failure Conditions, If any, which (b) gave rise to immediate DUE TO Arteriescleretic heart disease cause (a), stating the underlying cause last. 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? certificate Carcinems of left breast NO F 20a. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) hed Rone MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work Sept. 26 19 66 that (I) (we) last Aug 19 61 to 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the 66and that death occurred at A M, from the causes and on the date stated above. Sept. 26 19 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNEO page ATTENDING MED. DIRECTOR STAFF PHYS. 9-26-66 Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) etemac St Hagerstewn, Md Harold R. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) 1966 Riverview Cemetery Williams Dury Registrar's Signature Sept.29 FUNERAL DIRECTOR Williamsport, Md. Albert L. Leaf VR A15 (4) 20M 1/65







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death and PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Washington attending hysician and completely filled in by the firm of the please remove carbon papers. Pages 1 Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b Hagerstown 16 hrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Washington County Hospital 626 Potomac YES NO X executed within 3. NAME OF DATE First Middle Month Year DECEASED DF (Type or print) MARY DEATH KATHRYN FLEMING 1966 Sept. 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Jast birthday) Days Hours White Nov. Female WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even If retired) COUNTRY? Williamsport Md. Teacher Public Schools U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Nora Fleming John Flemins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 620 Potomates Ave. 16. SOCIAL SECURITY NO. 17. INFORMANT FUNERAL DIRECTOR. After this certificate has been signed by the atter irector, page 3 should be detached for use as the burial-transit permit, hould be filed with the State Dept. of Health prior to burial, cre≡atio≡λ or (Yes, pc, or unkown) (If yes give war or dates of service) odMiss Rinehart Hagerstown Ethel M 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET; AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 9025 ND4 YES 20a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18. MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) Hour While ¬ Not While ATTENDING -at Work p.m. at work 19 58 to Sept 21. I certify that (I) (this hospital) attended the deceased from August 19.66. that (I) 0000 last saw the deceased alive on Scot 19_66 and that death occurred at IP M, from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED DIRECTOR ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) Williamsport Maryland Byrkit. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. (State) REMOVAL (Specify) Riverview Cemetery Williamsport Md. Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. RECISTRAR'S SICNATURE Williamsport Md. Albert L. Leaf VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH se executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased Lived, if institution Residence before admission) PLACE OF DEATH n. COUNTY b. COUNTY Washington Maryland Washington MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 write RURAL and give nearest town 42 yrs Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital 625 Maryland Ave. NO K 3. NAME OF DECEASED Middle OF DEATH Estie September Cora Tohner 19 66 (Type or print) IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Dovs Hours White March 28, 1892 WIDOWED DIVORCED 12 CITIZEN OF WHAT 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even irretured) Own dome Augusta County. Va. 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME or removo James Elyard Mahalia Bolton E requires that the death cert 16 SOCIAL SECURITY NO Md 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) None Mr. Um. G. Johner 625 Maryland Ave. Hagerstown. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY CARCINOMATOSIS - SENERALIZED signed by (b) C'ARCIN OTO A Conditions if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse be retained by the hospital or attending this certificate has been for use os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? ITAPERTENSIVE PLETERIOSCHERONCHEARD POERSE NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Nat White of work Poge 4 may be retained by to FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceosed from done 1958 to SEPT 27, 1966, that (1) (we) lost and that death accurred at 8/10/19/2 from couses and on the date stated above. saw the deceased alive an Scot 27 22b. DATE SIGNED 22o, SIGNATURE MED. DIRECTOR M D. 22d. ADDRESS 22c. PHYSICIAN'S KOBERT COHEN M.D CLEDO SPRING-ODD NAME (Type) ARCHIE director, page should be 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Rest Hoven Cometery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles Judge DATE SEP 1956 Rest Haven Funeral Chapel Hagerstown Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Washington Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cumberland. Rt. # Hagerstown. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE Homewood Addition Washington County Hosp. (D.O.A. No X 3 NAME OF DATE Middle Last DECEASED Folk Sept. 19 66 Tohn Fornest DEATH (Type or print) 2 with with 9. ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE I DATE OF BIRTH 7. MARRIED NEVER MARRIED White Jalo March 21 MIDOMED DIVORCED V 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY Cumberland. Md. Construction Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nina E. Long David J. Folk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes. 100. or unkown) | (If yes pive war or dates of service) Mr. David J. Folk Rt. # 1 Cumberland. Md. 2/10/53-2/9 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ushing InJury to chest and 20 DUE TO With Hassive Internal Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the IU lunies underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY ST OF CONTRIBUTING CAUSE OF DEATH. Stezus Roller Struck and Crushed (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work Hancock Routo 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry K. and in my opinion inspection X. Undetermined manner Accident X. Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER M.D. EXAMINER'S director. Address (Street, city, town, or county) CEMPTERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, REMDYAL (Specify) 0 Restlain memorial Cumberland. Allegany Gandens Burial 258. REC'D BY REGISTRAR : 25b. REGISTRAR'S SICNATURE ADDRESS 24. FUNERAL DIRECTOR H. Wayne George Cumperland, Maryland VR ALSME (6% 1966 Jaliante Jus

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington o. STATE Maryland b. COUNTY Washington MARYIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Hagerstown and campletely filled in by the f remove carban papers. Pages n any event, within 72 hours afte c CITY OR TOWN (If gutside corporate limits, write RURAL and give negres) town) c LENGTH OF STAY IN 16 8 Yrs. Hagerstown d. STREET ADDRESS d. NAME OF HOSP, TAL OR INSTITUTION (if not in haspital, give street address) e IS RESIDENCE ON A FARM? 908 Hamilton Blvd. 908 Hamilton Blvd. NOXX 3. NAME OF Middle First 4 DATE Year DECEASED Grover Lee Ford (Type or print) DEATH September 9 IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH AGE (In veors 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours White WIDOWED DIVORCED Oct. 10a LSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired)
Railway Mail Clerk INDUSTRY Clevelandville. Wash 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending pay Samuel Ford Maria Haupt Hagerstownddre Ald. IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Nellie Ford, 908 Hamilton Blvd. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) **burnal-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO auteriosclan tic Coronary I Heart Tais Esse Conditions, if ony, which gove nse to immediate cause (a). DUE TO has been s stating the underlying cause last. WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Hour o m Not While of work TO FUNERAL DIRECTOR: After 9-9, 1966, that (1) (we) last 4-29, 1959, to____ 21. I certify that (1) (this haspital) attended the deceased fram be retained 9-91966, and that death accurred at 13c A M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE John St Stone Gaker M.D. director, page should be filed 154 W. Washington St. 22d. ADDRESS 22c PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) Hagerstown. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Burial 9- 11- 66 Boonsboro Cemetery Boonsboro. 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1866 VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Milane 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth the attended to the function and completely filled in by the funeral sit permit. They please remave corbon papers. Pages I and notion, or enjoyol, and in any event, within 72 hours after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Washington o STATE **b** COUNTY MARYLAND Washington b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown 4 Days Rural Boonsboro Rfd. 2 d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital Mapleville YES | NO A 3. NAME OF First Middle Last 4. DATE Year Day DECEASED (Type or print) Blanche May Gross September 20, 66 DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED B** DATE OF BIRTH birthday) Manths Dovs Hours WIDOWED DIVORCED Fema le White Sept. 20, 1900 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home **COUNTRY?** Mapleville, Md. U. S. A. tion. Okremovol, o 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Cunningham Gertrude Gantz 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes no, or unknown) None Mr. Elmer T. Gross, Boonsboro Rfd. 2, Md. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-timusit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO os the stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certifico™ has be≡n last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 should be detoched for use with the Stote [lept. of Health YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a m. factory, street, office bldg., etc.) 10/14/ 21. I certify that (I) (this haspital) attended the deceased from 1900 1966, and that death accurred at AB saw the deceased alive an NOCK VD _M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED director, poge 3 sllould be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOYAL (Segify) 9-23-66 Boonsboro Cemetery Boonsboro, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro Md. DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Washington Maryland Washington MARYLANO b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 hours 1 day Hagerstown Sharpsburg Ē d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 135 W. Main St. YES NO X completely carbon 3. NAME OF Middle Last DATE Month Oav DECEASED event, 1 (Type or print) DEATH 21 19 66 Helen Elizabeth Gross Sept. 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. гетоуе 8. OATE OF BIRTH 7. MARRIEO X NEVER MARRIED last birthday) | Months | Days Hours I and any White Female WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ician 11. BIRT HPLACE (County & State, or foreign country) please Shepherdstown. W. Janitorial Service Mack Truck 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME attending of Lottie Blanche Samuel F. Swope Breeben 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Main Address death (Yes, no. or unknwn) I (If yes give war or dates of service) Mr. Gerald Gross Sharpshurg 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH I-transi PART 1. DEATH WAS CAUSED BY: attending physician. Respiratory failure n signed to burial-tran burial, cre IMMEDIATE CAUSE (a) DUE TO Massive subarachnoid hemorrhage 24 hours Conditions, If any, which been gave rise to immediate 유유 OUE TO cause (a), stating the underlying cause last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCUPANT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached for the Dept. of I WIIDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work 9-20-66 9-21-66, 19 ъ 21. I certify that (!) (this hospital) attended the deceased from to. and that death occurred at 1:20%, from the causes and on the date stated above. 9-21-66 saw the deceased alive on. 22a. SICNATURE 22b. DATE SICNED ATTENOINC 8 page MED. DIRECTOR STAFF PHYS. 9-22-66 O HOSPITAL director, pr FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 132 N. Potomac St., Hagerstown, Md. F. Abdullah, M. D. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) Burial (Specify) Lawn Memorial Hagerstown Maryland Sept. 24-66 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md. VR A15 (4) 20M 1/65



1 (1)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S (
HEALTH DEPT. ∴ ♀ ♀ ㅎ ㅎ ≠	PLACE OF DEATH o COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before odmission) o STATE COUNTY US TORROWS (flouts de corporate limits, write RURAL and give nearest town)
ny delay is 2, and 3 to PM3. Page partment of price of price of price of price of price of the p	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c CITY OR TOWN (1 outs de corporate limits, write RURAL and give nearest town) Charles Town
arm arm	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) Washington County Hospital	Box 386 S RESIDENCE ON A FARM? YES NO
within 24 haurs after death 1f any delay is a penal in Item 18 Give Pages 1, 2, and 3 to Exeminer's Office along with farm PM3. Page 16 pages 1 and 2 with the State Department of and in any event within 72 hours after death.		A DATE Month Doy Year OF DEATH Sept. 24, 19 66 DEATH Sept. OF DEATH OF DEATH Sept. OF DEATH O
24 haurs a in Item 18 r's Office al es land 2 w iny event w	WIDOWED DIVORCED	1 BIRTHPLACE (State or fore gn country) Virginia Months Doys Hours Min
within 24 in pencil in Exempler's Exempler's life pages I and in any	Esau Grim	14 MOTHER'S MAIDEN NAME Susie Lackey
	(Yes, no, or unknown) (If yes give wor or dates of service)	Address Berryville. Va.
icate shauld be e ng the ward "pe ded ta the Chief as a burial-transit i, cremation, or re	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) DUE TO	+ precumentis surfaces + precumentis surfaces 57 1 years + D.T. 1s 3 days perfe & chronic years
This certif ficate, writt be farwan d be used a	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE CONTRIBUTIONS TO DE	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Inter nature of injury in Port I or Port II of Item 18)
	20c TIME OF INJURY Month, Doy, Yeor 2Dd INJURY OCCURRED 2De PLACE Hour om. While of work of work 1960	
no DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health ar its designated age		de, Hamicide, Undetermined manner CHIEF MEDICAL EXAM-NER
O DEPUTY MEDICA necessary, please ex the funeral directar. 5 may be retained i 0 FUNERAL DIRECTO Health ar its designi	ACTUAL SIGNATURE EXAMINER'S NAME (Type) LAL WEFKS 580 M.	MD ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EX
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health ar	230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CR	
VR A15ME (5) 6M 1/66	24 FUNERAL DIRECTOR ADDRESS Bury	ville 250 REC D BY REGISTRAR 250 REG STRARS SIGNATURE DATE OCT 7 1966 Charles Judge
		8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, J., MARYLAND CERTIFICATE OF DEATH after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY **B. STATE** WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b 1 MONTH HAGERSTOWN <u>=</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ACCRESS e. IS RESIDENCE ON A FARM? GARLOCK CONV. HOME 974 JEFFERSON BLVD. ND K executed within carbon NAME OF First Middle 4. DATE Year Last Month DECEASED OF DEATH FRANCIS JOSEPH HAMBURG (Type or print) SEPTEMBER 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED SEX AGE (In years | IF UNCER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH birthday) Months Cays Hours MALE WHITE WIDOWED TX DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? lease and ir during most of working life, even if retired) RETIRED MACHINIST RATIROAD BLAIR CO.. PENNA. U.S.A. ᆿ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending bh ermit. Then removal CHARLES F. HAMBURG ANNA RENNETT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY ND. 17. INFORMANT HAGERSTUWN, MARYLAND (Yes, no, or unkown) | (If yes give war or dates of service) MRS. JACK COMER 974 JEFFERSON BLVD 705-10-6 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND CEATH PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jhe burian the burian of QUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? Hernia, Bilateral - a Pagets Disease Pubis. NO 😾 20a. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this certi DR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Oay, Year 2Dd. INJURY OCCURRED | 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1966 to Sart 202, 1966, that (1) (we) last 21. I certify that (I) (this-hospital) attended the deceased from_ DIRECTOR: age 3 should led with the saw the deceased alive on Peny 19 66, and that death occurred at 5 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR PHYSICIAN'S FUNERAL director, p should be 1 NAME (Type) EDWARD W. WASHINGTON ST. HAGERSTOWN 23a. BURIAL, CREMATION, 23b. 23d. LDCATION (City, town or county) (State) OATE THEREOF NAME OF CEMETERY OR CREMATORY BURLAL (Specify) 23,1966 HAGERSTOWN. MARYLAND REST HAVEN CEM. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE HAGERSTOWN, MARYLAND CHARLES M. ROUZER VR A15 (4) WIL 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death within 24 hours after death and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF CEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Washington transit permit. Then please remave carban papers. Pages I crematian, or removal, and in any event, within 72 hours after MARYLAND Marvland Frederick c LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 10 hours Hagerstown Myersville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Co. Hospita] YES NO TE Haro Ave NAME OF First 4 OATE Lost Month Day Year OECEASED OF DEATH GRACE AMELIA HARP September AGE (in years F UNDER 1 YEAR S. SEX 6 COLOR OR RACE OATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Months Hours Oavs white Apr.15,1888 female WIDOWED DIVORCEO 1Do JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired)
HOBSEWITE 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be COUNTRY? INDUSTRY Washington Co. Md own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Curtis Gouker Annie Travers 16. SOCIAL SECURITY NO. 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Elmer L. Harp, Myersville, Md. none is. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEE signed by the buriaf-transit p ONSET AND DEAT PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been ed far use as the af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF CEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detache shauld be filed with the State Dept. 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED factory, street, affice bldg., etc.) 2). I certify that (1) (this haspital) attended the deceased fram. that (i) (we) last _M, fram causes and on the date stated above. sow the deceased alive an. and that death accurred at 22d SIGNAPITE 22b. OATE SIGNED PHYS **OIRECTOR** 22d. **ADORESS** PHYSICIAN'S POTOMAC AVE., HAGERSTOWN, MD. NAME (Type) RICHARD 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mt. Zion E.U.B. Myersville Fred.Co.Md 0 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE liarles VR A15 (4) Bittle . Myersville, 20 M 1/66



LAND DIATE PEPAKTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY **후** 2 후 Washington MARYLAND Morgan b. CITY OR TOWN (if outside corporate limits. r. LENGTH OF STAY IN 15 c. CITY OR TOWN (It outside corporale limits, write RURAL and give nearest town) write RURAL and give nearest town) Berkeley Springs Boonsboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Reeder Nursing Home YES NO X 3. NAME OF Middle 4. DATE Yeer Month DECEASED (Type or print) DEATH Sept. 19 66 E. Carrie Hawvermale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yours HE UNDER 1 YEAR HIF UNDER 24 HRS. last birthday) Months 1 Days Hours Female WIDOWED DIVORCED Mar. IOa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even it retired) Morgan County W. Va. USA Single 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matilda Ann Compton Peter E. Hawwermale 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Eastern Drive (Yes, no, or unkown) | (If yes give war or dates of service) No Mrs Bessie Silver Springs_ INTERVAL BETWEEN Hancock. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO DISPELLE Conditions, if any, which " (b) gave rise to immediate cause DUE TO (a), steting the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 31 19, WAS AUTOPSY PERFORMED? YES NO 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert It of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (Steta) (County) inctory, street, office bldg., etc.) Hour a.m. While Not While et work et work saw the deceased alive on. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b DATE THEREOF 23d, LOCATION (City, town or county) REMOVAL (Specify ÷ 5 .8 0 Spohr Croos Rds. Cem. Berkelev Springs. FUNERAL DIRPCTOR'S SIGNATURE v. Va. 25a, REC'D BY REGISTRAR VR A15 [4] 15M 7/61



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) on!!! completely filled in by the funeral remove carbon papers. Pages 1 ond PLACE OF DEATH b Washington o. COUNTY o. STATE ashinat ve carban papers Pages 1 event, within 72 hours after MARYLAND c. JENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn Hagerstown erstawn & NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Tave Virginia shington Sounty Hospital NO I ase remove corbon 3 NAME OF 4. DATE DECEASED Hess -uradret DEATH 19 B. DATE OF BIRTH 9. AGE (In veors IF UNDER 24 HRS S SEX 7 MARRIED NEVER MARRIED Jost birthdoy) Hours Fer le Dec.9,1877 DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 100 USLAL OCCUPATION (Give kind of work done COUNTRY? A. during most of working life, even if refired) Ноше Enmitsburg. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hess Agnes Jane Baker ar remi 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) John H. Spangler Lone burial, cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-tronsit ONSET, AND DEATH neumonit IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse TO FUNERAL DIRECTOR: After this certifico™ h■ been 3 should be detached for use as the with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 🌽 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While of work _____, 1966, to sellt 12____, 1966, that (1) (we) last 21. I certify that (1) (this-hospital) attended the deceased from 3090 3 1966, and that death accurred at 230 A M, from causes and on the date stated above. saw the deceased alive on Sept 12 226 DATE SIGNED 220 SIGNATURE ATTENDING PHYS M.D. DIRECTOR 22d ADDRESS NAME (Type egerstown. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (Stote) 23b. DATE THEREOF BURIAL, CREMATION REMOVAL (Specify) Rose Hill Jugers town. Cenatery ADDRESS 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 hours after death he law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH A COUNTY Washington a. STATE
Maryland b. COUNTY Washington d in any event, within 72 hours after MARYLAND c CITY DR TOWN (If gutside corparate limits, write RURAL and give negrest town) b CITY DR TOWN (If autside corporate limits, r LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 1 Day Rural Boonsboro, Rfd. 2 d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC and completely filled in papers ON A FARM? Mt. Lena Washington County Hospital YES NOTEX 3 NAME OF Middle 4. DATE First Last Manth Day Year DECEASED Roy Albert Hoffman September 19 66 DEATH (Type or print) 9. AGE (In years IF UNDER S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost pirthday) Months Dovs Hours WIDDWED DIVORCED June 22, 1915 Male White 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10o USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Tire Co. **COUNTRY?** U. S. A. Mt. Lena, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert M. Hoffman Martha Lum burial, crematian, ar rem IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY ND. 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) 214-09-2389 Mrs. Polly I. Hoffman, Rfd. 2. Boonsboro, Md No. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO far use as the t Health priartab stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES mour 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) (County) (State) 20c TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e, PLACE DF INJURY (Home, form, factory, street, affice bldg., etc.) Hour a.m. Not While of work , 19.66, that (I) (we) last 2]. I certify that (1) (this haspital) attended the deceased fram 31 clug, 19 ta 1966, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED 9-2-66 M.D. DIRECTOR director, page 3 shauld be filed v ADDRESS 22c. PHYSICIAN'S John C. Stauffer S. Prospect St., Hagerstown, Md. NAME (Type) 23d, LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION, PENOYAL (SPEIfy) Rose Hill Cemetery Hagerstown, Md. 9- 3- 66 2Sb. REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE SEP VR A15 (4)(20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH please remave corban papers. Pages 1 and 2 I, and in ony event, within 72 hours after death. certificate be executed within 24 hours after death physician and completely filled in by the funeral en please remave corban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) COUNTY **b** COUNTY shington "ashing ton MARYLAND Larvland b CITY OR TOWN (if autside carparate limits ELENGTH DE STAY IN 16 c CITY DR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Week Hagerstown gerstown d NAME DE HOSPITAL DR INSTITUT DN (1f nat in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Wood St ashington County Hospital NOXES NAME OF Middle DATE Last Day DECEASED (Type or print) I FIRM 3 LARGIE HOOVER Sept 30 1966 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (in years 5 SEX 6 COLOR DR RACE NEVER MARRIED 7 MARRIED (thday) Hours Thi te Lav 11 1892 Fenale WIDOWEDX DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
Housewife INDUSTRY Home Chambersburg Frank! 13. FATHER'S NAME 14 MDTHER'S MAIDEN NAME or removol. Morett John Shreiner Eleanora 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attendent PHYSICIAN: The law requires that the death (Yes, no, or unknown) (If yes give war or dates of service) Dermi iss Eleanor L. Hoover 5 Wood None cremotion. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) buriol-tronsit ONSET AND BEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the haspital or attending physicia... DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Hame, form, (Stote) 2Dd. INJURY OCCURRED (City or town) (County) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at work at wark 19 Lk that (I) (we) last 2). I certify that (1) (this haspital) attended the deceased from 1 and that death accurred at 3 20 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS MED. DIRECTOR 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Lype) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION REMOVAL (Specify) 10/3/66 Rose will Cemetery gerstown REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Hagerstown **ADDRESS** 24 FUNERAL DIRECTOR 1966 VR A15 (4) Coffman Funeral Home Inc

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institut on: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE. b. COUNTY Washington Maryland ashin ton ebe remave carban papers. Pages I and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate Limits, write RURAL and give nearest town) r TENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Teeks Hagerstown Hagerstown d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP FAL OR INSTITUTION (If not in haspital, give street address) 600 Preston Road Hospital YES NO T County 3. NAME OF 4 DATE Year OF DEATH DECEASED Rev. John Edward September (Type or print) Kemo 9. AGE (In years YEAR IF LINDER 24 HRS S. SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Hours July 34,1886 8 "hite DIVORCED 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a JS_At OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired)

Clergywen

13. FATHER'S NAME COUNTRY? A INDUSTRY Retierd Baltimore City, I.d. 14 MOTHER'S MAIDEN NAME burial, cremation, ar remava Lizzie Hevn John H. Horr 600 Preston Road Hagerstown, Laryland 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give, wat or dates of service) Mrs Bess Horn 316-46-3757 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per une for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH MATL DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18) 20a. ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram 9-21saw the deceased glive an 9-21 1960, and that death accurate 19.5 3, ta 9 - 2 1 1966, that (1) (we) last 1966, and that death accurred at P. M., fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22g SIGNATUR M.D. DIRECTOR PHYS CIAN'S 22d. ADDRESS NAME (Type) Dalton M. Welty. M.D. 998 Potomac Avenue Hagerstown, Md 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL CREMATION REMOVAL (Specify) Druid Riuge Cen. Laltimore, Laryland Sept. 24,1966 250, REC'D BY REGISTRAR Coffman Funeral Home Inc. 25b. REGISTRAR'S SIGNATURE Ala . Con 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) completely filled in by the funeral ove carbon popers. Pages 1 and PLACE OF DEATH a. COUNTY b. COUNTY Washington Maryland Washington MARYIAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give nearest town)
rural Hagerstown iove carbon popers. Pac y event, within 72 hours 10 weeks rural Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Avalon Manor YES NO [Rd 3. NAME OF First Middle Last 4. DATE Month Doy Year DECEASED (Type or print) EL DEN LOCKWOOD KERNEY DEATH Sept IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7 MARRIED **NEVER MARRIED** Sipst birthdoy) Months 9/5/1885 Doys Hours white male WIDOWED XX DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane during most of work no life everyth retired) THOUSTER Shepherdstown, W.Va gov. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice A. Mask James W. Kerney 16 SOCIAL SECURITY NO 17 INFORMANT Address IS. WAS DECEASED EVER IN J.S. ARMED FORCES? burial-transit permit. (Yes, no, ar unknown) (If yes give war ar dates of service) 214-09-6309 Mrs. T. Aubrey Kemp Hagerstown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work at work death, 19_, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... . 19 1960 , to_ Again 1966, and that death accurred at 535M, fram causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR 9-6-66 M.D. director, poge should be filed 22d, ADDRESS 22c. PHÝSICIAN'S WAME (Type) John C. 145 Stouffer, M.D. S. Prospect St., Hagerstown, Md. 23d LOCATION (City or Town) 23g. BURIAL, CREMATION, BREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 9/7/66 Rose Hill Cemetery Hager so twn, Md. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25o, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE SEP 1966 FUNERAL HOME Hagerstown, Na. MINNICH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o STATE 3 to Page death. Washington Washington MARYLAND b. CITY OR TOWN (f outside corporate mits, wate RURAL and over nearest town) c C.TY OR TOWN (If outside corporate limits write RURA, and give nearest town)

Knoxville C LENGTH OF STAY IN 16 2, a. PM3 with the State Deportmental Within 72 hours after years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Route 2 Route in Item 18. Give Pages YES IN NO 24 hours ofter death Chief Medical Examiner's Office along with 3 NAME OF First Middle Lost 4 DATE Month Year Doy DECEASED William 0F Edgar Kidwell 9 3 19 66 DEATH S SEX 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH birthdoy) Months Hours white 10/6/1893 male WIDOWED DIVORCED event 100 USUAL OCCUPATION (Give kind of work done .1 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT dupon most of working life, even if ret red) COLWIRYS rallfroad Maryland gny pmges in any pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within William H. Kidwell Mary A. Phillips IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, prunknown) (If yes give war or dates of service) pending" 705-10-2736 Mrs. Josephine Kidwell, Knoxville ves W.W. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL 8ETWEEN **buriol-transit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 COTOBOTY IMMEDIATE CAUSE (o) please execute the certificate, writing the word director Page 4 should be forwarded to the CP burrol, cremotion, DUE TO 1) Arterioscleratic Heart Disease & Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 00 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X ogent, prior to 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port 1 of item 18). PRIMARY I or CONTRIBUTING I O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 20d IN JRY OCCURRED 20e PLACE OF INJURY (Home form, 20f 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 🔀 and in my apinion death resulted fram Natural causes 📈 Accident . Suicide the funeral director Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. WASH, STPUTY MEDICAL EXAMINER 19 **EXAMINER'S** NAME (Type) DR. E.W.DITTO, 111 may Address (Street, city, town, or county) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMATION, (County) (Stote) 90 burial (Specify) 9/6/66 Episcopal Cemetery Brownsville, Wash.,
BY REGISTRAR 5 SIGNATURE Md. 2Sp. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR ATSME (5) SEP Company, Middletown, Md. 1966 DATE

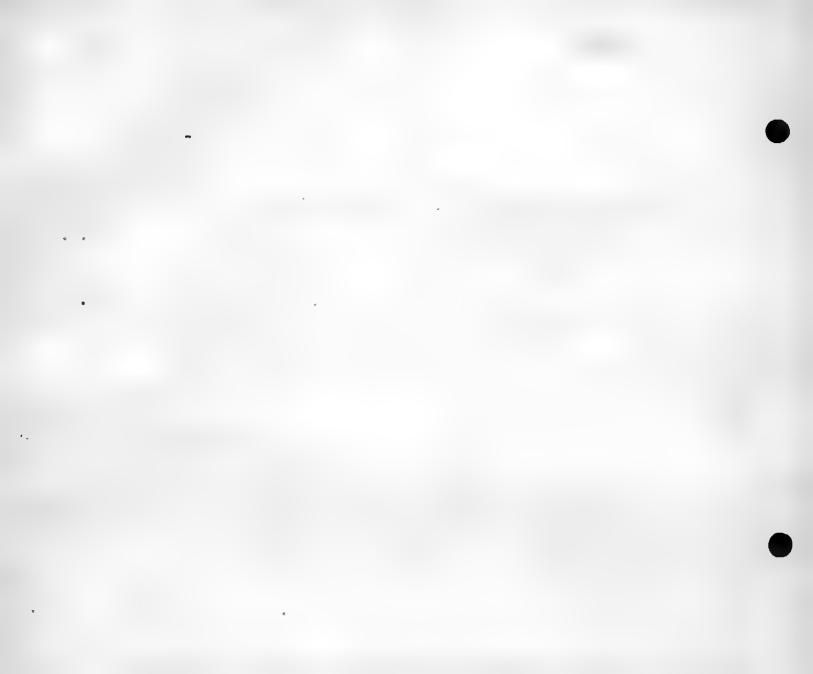


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death ond completely filled in by the funeral remove corbon papers. Pages 1 and USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Washington o STATE b. COUNTY MARYLAND vithin 72 hours after Maryland Washington b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) Keedysville 10 Years Keedysville e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 107 N. Main St NICK N. Main St. YES T Middle 4. DATE NAME OF Lost Day Year First Month DECEASED OF DEATH C. Harry Kottler 19 66 September 10, (Type or print) 9 AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy) Doys Hours Sept. 5, 1886 White Male WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY **Mose** Ministry Florin Lancaster Oc. Pa. 11. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Micheal Kottler Elizabeth Dennis Keedysville. Md. 16. SOCIAL SECURITY NO INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 218-34-3881 Mrs. Rose K. Kottler, 107 N. Main St. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c), PART I, DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) _ DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse os the prior to fO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO be retoined by the hospital or Ę 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram The 24 1966 Rel 19 66 , and that death accurred at saw the deceased alive on John 13 M, from causes and on the dote stoted above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR director, page 3 should be filed v M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 9- 13- 66 Boonsboro Md.

STRAR 2Sb. REGISTRAR'S SIGNATURE Boonsboro Cemetery 2So REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR 1966 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DAIE



1 (M) DIVISION OF S		Y <mark>land State Dei</mark> Arch and Records			MORE 1. MAI	RYLAND
tuneral 1. PLACE OF DEATH a. COUNTY WAS		CERTIFICAT			1333	6
1. PLACE OF DEATH a. COUNTY WAS	HINGTON	MARYLAND	2. USUAL RESIDENCE	CE (Where deceased lived, I	If institution: Residence WASI	dence before admission)
b. CITY OR TOWN (if out	side corporate limits, operest town)	c. LENGTH OF STAY IN 1b		outside corporate limit: RSTOWN	s, write RURAL an	d give nearest town)
	COUNTY HOS	ospital, give street address) SPITAL	d. STREET ADDRESS	LEE ST.		e. IS RESIDENCE ON A FARMA- YES NO
3. NAME OF DECEASED	First	Middle	Last	OF	fonth	Day Year
(Type or print) 5. SEX 6. COLC	MARY OR OR RACE 7, MARRIED	LOUISE	KRETZER B. DATE OF BIRTH	DEATH SEP	FEMBER Pars LIF UNDER 1 Y	21 19 66 EARLIFUNDER 24 HRS.
FEMALE. W	HTTE WIDOWED	DIVORCED IND OF BUSINESS OR	9/15/187	12 last birtho	s.	EAR IF UNDER 24 HRS. YS Hours Min. ZEN OF WHAT ITRY?
during most of working life, e	even If retired)	HOME	MARY	AND	COUN	S.A.
HOUSEW IFE			14. MOTHER'S MAIL			
ALFRED SM 15. WAS DECEASED EVER IN U	TTH .	SOCIAL SECURITY NO. 17.	2 INFORMANT	MOATS	14	
(Yes, no, or unkown) (If yes giv	e war or dates of service)				HAGERS	
1 18. CAUSE OF DEATH FI	inter only one cause per li		MR. JOHN I	HENESY	MD	NTÉRVAL BETWEEN
PART I, DEATH WAS	and a	aulinia	under	Callors	المد	ONSET AND DEATH
Conditions, if any, whi	DUE TO	artein	oden	in 9 lm	/	Mrs.
gave rise to immedia cause (a), stating t underlying cause last.	he DUE TO	Truble	Pranc	h (I gh	the !	Mrs.
ICAT		ITING TO DEATH BUT NOT RELA				19. WAS AUTOPSY PERFORMED? YES NO X
		DESCRIBE HOW INJURY OCCU	·			•• \
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 20d. II While 19 at work	HOL TRUITE -	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City or town	n) (Count)	(State)
) (this hospital) attende	/h . ().	, 1	3	5/ 19/	that (I) (we) last
saw the deceased a	live on Say	20 19 6 and that	death occurred at.	M, from the cau	ses and on the	date stated above.
7	and !	M.M. MULE	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	D O	15-2/04
22c. PHYSICIAN'S NAME (Type)	3 rino	rall	22d. ADDRESS	Norther	· Ha	jet Jun
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (CIT		
24. FUNERAL DIRECTOR	9/24/66	REST HAVE		HAGERS		MD .
W.J. Mx.	west to	ursland	Act DATE	SEP 26 1966	Melion	la 0
700	// //			* *	V	of.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13337 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. the attending physician and completely filled in by the funeral sit permit the please remave carban papers. Pages I and nation, an event, within 72 haurs after deat 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Washington o. State Maryland L COUNTY Washington MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside carparate limits. write RURAL and give nearest tawa Rural Boonsboro Rfd. 2 15 Months Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? 241 S. Mulberry St. Fahrney Keedy Memorial Home NOC YFS NAME OF DECEASED Middle 4 DATE First Manth Doy Year OF DEATH 19 666 Krider September 21, Gamma Lee (Type or print) YFAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH AGE (In years **F UNDER** 6 COLOR OR RACE NEVER MARRIED 7 MARRIED birthday) Months Hours Davs April 4, 1877 WIDOWED DIVORCED Female White 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Bookkeeper INDUSTRY Dept. Store Funkstown, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Krider Clara Shilling 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-7441 Miss Anna M. Krider, Boonsboro Rfd. 2, Md No. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if any, which gove nse ta immediate cause (a), DUE TO stating the underlying couse as the priar to last. WAS AUTOPS! PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) While Nat While 19 at wark at work 21. I certify that (I) (this hospital) attended the decrased from , that (I) (we) last to W directar, page 3 shauld shauld be filed with the and that death accurred of M. fram couses and an the date stated above sow the deceased olive on /4/1 22a, SIGNATURE 22ь. DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Crfv or Town) 23o BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Hagerstown, Md. 9-24-66 Rose Hill Cemetery Zso. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J., MARYLAND CERTIFICATE OF DEATH funeral should hours after 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmiss pal e. COUNTY a. STATE b. COUNTY **훈**건설 MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS NAME OF Middle DATE pape DECEASED сотр OF (Type or print) DEATH and cor 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR 9. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED ove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working kie, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending | Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkewn) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) POHE-TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) 19. WAS AUTOPSY CERTIFICATION 20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH ached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) While Not While factory, street, office bldg., etc.) Hour e.m et work et work D.m. CIOR 19 that (I) (we) last 21. I certify that (1) (this hospital) attemded the deceased from. to. P death occured at 2.2.2.1M, from the causes and on the date stated above; saw the deceased alive on and that 220 SIGNATURE ATTENDING MED STAFF DIRECTOR death. Page 4. PHYS. M.D. HOSPITAL page with t 22 PHYSICIAN 22d. NAME (Type filed v NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURAL, CREMATION, 23b. DATE g g g O 24 FUNERAL-DIRECTOR'S SIGNATURE -ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR S SIGNATURE VR ATS (4) 15M 7/61

e. IS RESIDENCE ON A FARM? YES NO IN

19 6: 6.

Year

IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

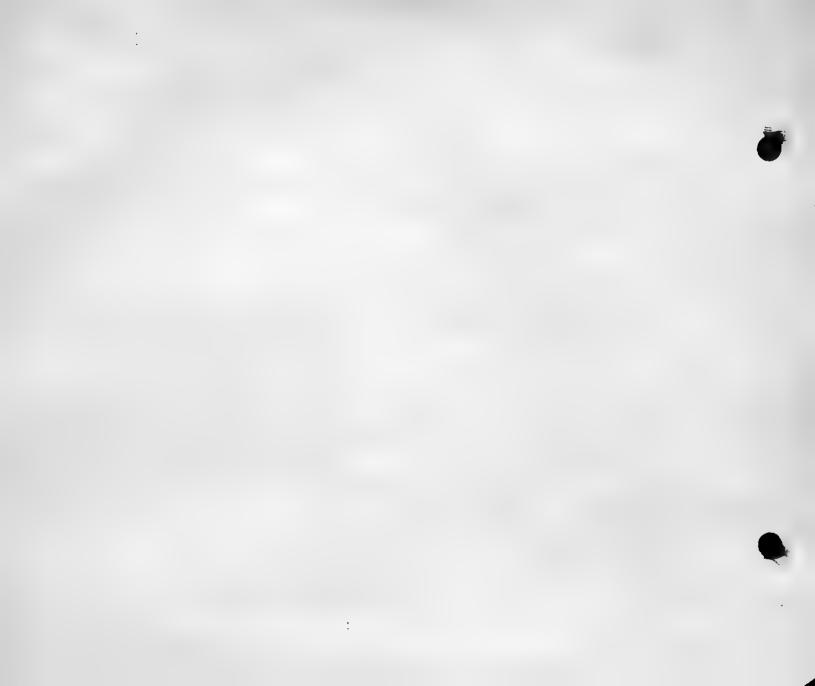
(State)

22b. DATE

(State

SIGNED

YES



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The low requires that the deoth certificate be executed within 24 hours after death completely filled in by the funeral solve carbon papers. Pages 1 and y event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. STATE a. COUNTY b. CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Hagerstown MARYLAND Washington c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Hagerstown 30 vrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1908 Virginia Ave YES NO TE Virginia Ave DATE 3 NAME OF Middle Last First Dov Year DECEASED CHARLES LANDIS JOHN Sept. (Type or print) DEATH IF JNDER I YEAR IF UNDER 24 HRS AGE (In years 5 SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED last birthday) Manths Days WIDOWED DIVORCED White Male 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast at working life, even if retired) Poge 4 may be retained by the hospital or attending physician.

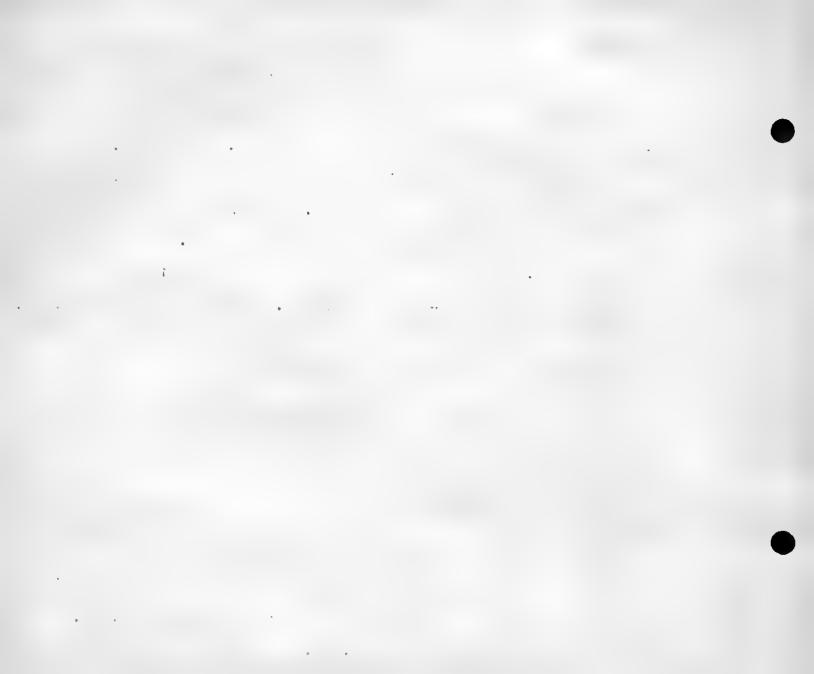
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician director agae 3 should be detached for use as the burial cremation, or removal, and York, York Cty.
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ness Rebecca Edward Landis 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Ave (Yes, no, or unknown) (If yes give war or dates at service) Mrs. Largaret Landis. 1908 Virginia 214-09-1550 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary O INTERVAL BETWEEN Hagerstown, Md. 3 ONLY AND DEATH Coronary occlusion artery oronary/disease DUE TO Indefinite Conditions, if any, which gave rise ta immediate couse (a), DIJE TO stating the underlying cause last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part i or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, affice bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased from Sept. saw the deceased glive Sept. 16 166, and that death according to the second s 1966_, and that death accurred at M, from causes and on the date stated above DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. Washington Street 22d. ADDRESS 1448 West 22c PHYSICIAN'S B. M.B. Kneisley Hagerstown. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR-AL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF (County) (State) Green Lawn Cenetery "illian sport 9/20/66 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Has Tstown JE CL ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Minne Corin n Funeral Home Inc Andrew K. DATE SEP 1986 20 M 1/6d



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 266 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funeral Ono. PLACE OF DEATH a COUNTY o. STATE **b.** COUNTY papers. Pages 1 in 72 hours affer o MARYLAND b CITY OR TOWN (If autside calparate amits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RuRAL and a ve nearest town) e IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 YES NO X carban NAME OF Middle. 4. DATE Month Lost Day Year DECEASED OF DEATH War Type or print) 9. AGF (In years IF UNDER PEAR SEX 6 COLOŘ DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remave Manths .bythday) Days Haurs **G3WODIW** DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHA 11. BIRTHPLACE (County & State, or fareign country) physician c dying most of working life leven inretired INDUSTRY 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME remay signed by the attending burial-transit permit. Th TS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no. prunknown) (If yes give war ar dotes of service) 6 crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH carcinomo IMMEDIATE CAUSE (6) ar attending physician. 163X DUE TO burial, a Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO stating the underlying cause has been etached far use as the Dept. af Health prior ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 127 NO this certificate 20a ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY-OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg , etc.) Nat While State [ot wark ot work O FUNERAL DIRECTOR: After ê 21. I certify that (I) (this haseital) attended the deceased fram be retained and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED STAFF director, page 3 shauld be filed v PHYS DIRECTOR PHYS. 22d **ADDRESS** 22c. PHYSICIAN'S Page 4 may NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. 23Ь. (State) REMOVAL (Specify) Panek 25b. REGISTRAR'S SIGNATURE 25a. -REC'D' BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remove carban papers. Pages 1 and deat USUAL RESIDENCE (Where deceosed aved, if institution PLACE OF DEATH Washington n COUNTY o STATE Maryland Washington **b** COUNTY papers. Pages 1 hin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Write RURAL and give nearest town)
Hagerstown Hagerstown Vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Friendship Manor Nursing Home 739 S. Potomac St. YES NO NAME OF First DATE C 051 Month Dov Year DECEASED (Type or print) FEVRE Sept. 21 66 GEORGE LUTHER LE 19 DEATH IF UNDER 24 HRS S SEX 9 AGE (In years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH birthdoy] Months Doys Hours white 22.1882 male Feb. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working are, even if retired) MDUSTRY building **COUNTRY?** signed by the attending physician burial-transit permit. Then please Hagerstown. Md. 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME or removal. William H. LeFevre Mollie Wallick Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Nora S. LeFevre 219-20-2993 Hagerstown, Md. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO as the prior tal stoting the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X for 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury of Port-Yor Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy Year Hour o.m. factory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram Page 4 may be retained shauld , and that death accurred at 5 a. M. from causes and an the date stated above. saw the deceased alive an Acat 20 220 SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 13 148 W. Wash director, should BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) DREMOVAL (Specify) 9/23/66 Rest Haven Cemetery Hagerstown, Md. 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) lianles Minnich Funeral Home Hagerstown, Md. 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please reagove carban papers. Pages 1 and burial, cremation, arremayal, and it any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Penna. Franklin MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c. LENGTH DE STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give neatest town) Rural " wnesboro 3 wks Hagerstown d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R. D. 2 Cashington Co. Hospital YES 🖅 NO I 3 NAME OF Middle 4. DATE Lost Day Year DECEASED (Type or print) Marshall Mentzer Sept. DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 CDLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months I May 21, 1908 WIDOWEO DIVORCED White Male TDo USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Machine Repair Hack Truck Fulton Co., renna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ulysses G. Mentzer Alice Gordon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service 176-01-5419 Mrs. Marshall L. Mentzer Waynesboro "2 18. CAUSE OF DEATH (Enter on y one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DHE TO FOUX Conditions, if ony, which gove rise to immediate couse (a), DHE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta lost. PART JU OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LEG WAS ALTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De PLACE DF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) aftended the deceased fram_/ saw the deceased alive an A 1966, and that death accurred at 152 AM, from causes and an the date stated above. 22g. SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR M.D. PHYS 22c. PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BUR AL, CREMATION, DATE THEREOF REMOVAL (Specify) Greencastle. Franklin. Pa. Cedar Hill 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 'a nesboro. Penra.



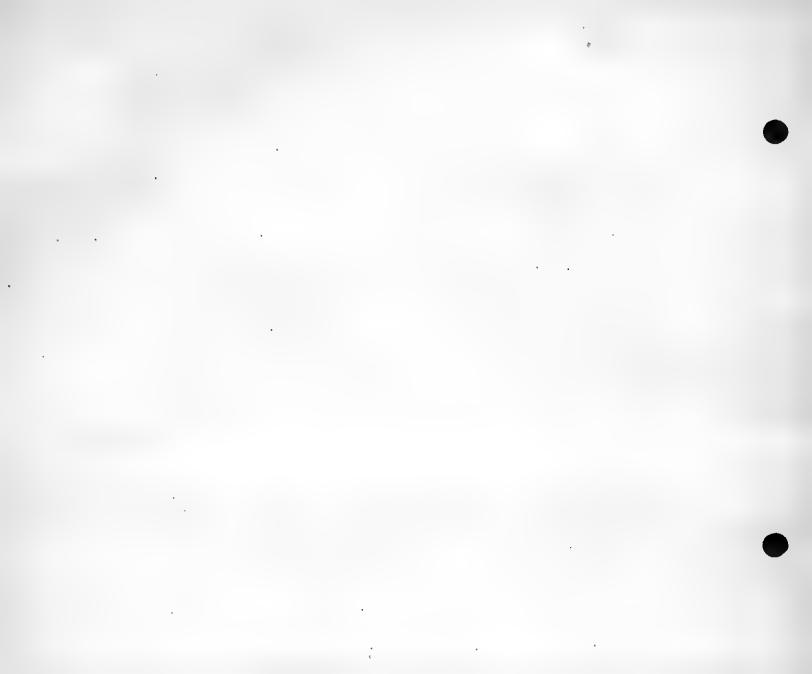
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death remave carbán papers. Pages 1 and 2 n any event, within 72 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) L. COUNTY Shington o. COUNTY o STATE b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown 4 meeks gerstom d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM? Friendshi. ...nor Conocheague Nursing Home YES NO. U 3. NAME OF First 4. DATE Lost Month Doy Year DECEASED September 13 186 (Type or print) DEATH IF UNDER I YEAR S SEX AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Hours Waite Ferale WIDOWED K DIVORCED Oat IT BIRTHPLACE (County & Stote, or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even fretired) INDUSTRY Housewife Indian Springs 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remay Isauc Grove Susan Pine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) None S. Miller H INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO signed ! Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached for use as the with the State Dept. af Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram 8 - 16, 1966, to 7 - 13, 1966, that (1) (we) lost saw the deceased alive on 9 - 12 1966, and that death accurred at 60 M, from causes and on the date stated above. . 1966, that (I) (we) lost 220 SIGNATURE 22b. DATE SIGNED ATTENDING -14-66 M.D DIRECTOR PHYS. director, page shauld be filed 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 0777ad, 410 23c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL, CREMATION, DATE THEREOF (County) REMOVAL (Specify) & shCo uls Cemetery near Claer Surin 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hanerstown ADDRESS VR A15 (4) 20 M 1/66 Andrew K. Coffin n puneral Home Inc 1866



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death icaryond campletely filled in by the funeral base remaye carban papers Pages 1 and 3 and in any event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH a. COUNTY ashingt on MARYLAND b CITY OR TOWN (If gutside corporate limits, c, CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest town) Clear Springs E # 19 Hrs d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Cress Pond Road YES NELSCO skington County Hospital 3 NAME OF 4. DATE Manth Day Last DECEASED (Type or print) GE TIGE HILER Seut. 1966 DEATH 23 IF UNDER 1 YEAR 8 DATE OF BIRTH 9 AGE (In years S SEX 6 COLOR OR RACE NEYER MARRIED 7 MARRIED last_birthday) Manths July 13 1875 DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Retired Car enter Everett Leafora Co 14. MOTHER'S MAIDEN NAME crematian, ar remayal, the attending physical part of the part of Franklin P. Loller Isabelle Barndollar 17 INFORMANT 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART 1 DEATH WAS CAUSED BY ring emr ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise ta immediate cause (o), DUE TO far use as the t f Health priar ta b stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? Arteriosclerosis, Severe NO X 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur o.m. 20d INJURY OCCURRED factory, street, affice bldg., etc.) Nat While While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from July 2, 1966, to Sept 23, 1966, that (I) (we) lost saw the deceased alive an Sept 23, 1966, and that death accurred at 72 M, fram causes and on the date stated above. 22b. DATE SIGNED 22p-SIGNATURE ATTENDING PHYS MED. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S 217 West Washington Street Hag., Md. NAME (Type) Edward W. Ditto III. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23b. DATE THEREOF 23a. BURIAL CREMATION, REMOVAL (Specify) _ecstown " sh Co Rose Hill Cenetery 25a. REC'D BY REGISTRAR ila 813 0 n i d. ADDRESS 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Collan Euneral Home Ins 1966 DATE nulew is



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Hagers managand Maryland Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b I completely filled in by a ove carbon papers. Page y event, within 72 hours a Hagerstown Days Big Sp.
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES Y Washington County Hospital No ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle Last DATE Month 4. Day Year DECEASED (Type or print) AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. DEATH Winfield Albert Milla 5. SEX 6. COLOR OR RACE and cor DATE OF BIRTH 9. 7. MARRIED A NEVER MARRIED last birthday) | Months | Davs Hours any 1909 Nov. WIDOWED DIVORCED T 56 Male White WI
10a. USUAL OCCUPATION (Give kind of work done) been signed by the attending physician a the burial-transit permit. Then please re or to burial, cremation, or removal, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Construction Mercersburg, U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Mills Lizie Stoner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Big Spring Hazel Mills 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? this certificate YES NO T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of item 18.) detached for the Dept. of I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While retained by at work at work should ith the S 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 3 3 AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. PATE SIGNED O FUNERAL DIRE director, page 3 should be filed w ATTENDING DIRECTOR PHYS. Page 4 may HOSPITAL PAYSICIAN'S 22d. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) Sept 12.66 Clear Spring Mennonite Spring Clear ADDRESS REC'D BY REGISTRAR I 25b. 1966 Funera Clear Spring A15 (4) Home 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 hours after death completely filled in by the funeral love carbon papers Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) a. STATE a. COUNTY b. COUNTY Washington Wash. papers Poges 1 hin 72 hours after MARYLAND b CITY OR TOWN (If outside corporate amits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) rubay//Bodykboyd Hagerstown rural Boonsboro years d STREET ADDRESS S RESIDENCE ON A FARM? a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Fahrnev-Keedy Memorial Home YES TO NO T 3 NAME OF First Middle move corbon Last Doy Year DECEASED MARY J. September 19 66 MINNICH (Type or pnnt) DEATH S. SEX DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE NEVER MARRIED 7 MARRIED lost purthdoy) Months Dovs Hours 1878 white Jan. 11. female WIDOWED IK DIVORCED physician and chen please check 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 1Do 1/SUAL OCCUPATION (Give kind of work done and ib during most of working life, even if retired) COUNTRY 2 INDUSTRY Hagerstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther M. Watkins Barbara E. Kershner 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) ((If yes give war ar dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address Marryatt Watkins, Chicago, none I11 cremotion. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEE signed by the burial-tronsit p ONSET AND DEA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO buriol Canditians, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the prior to b Page 4 may be retained by the hospital or ottending IO FUNERAL DIRECTOR: After this certificate has been fast. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r NO YES [200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW JAJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year Not While factory, street, office bldg, etc. at work ot work 21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS Poge 6 22d, ADDRESS 22c. PHYSICIAN'S director, ⊪o should be f NAME (Type) NAME OF CEMFTERY OR CREMATORY LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Durial Rose Hill Cemetery 9-7-66 Hagerstown. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Minnich Funeral Home, Hagerstown, Md. DATE SEP 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ottending physician and completely filled in by the funeral permit. Then please rearcover arbon popers. Pages I and on a removal, and in any eacht, within 72 hours after defition, or removal, and in any eacht, within 72 hours after defit PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington o. STATE Maryland 6. COUNTY Washington MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Hagerstown D. O. A. Rural Fairplay Rfd. d. NAME OF HOSP JAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital NO X Tilghmanton YES NAME OF Muddle First Lost 4. DATE Month Doy Year DECEASED Mary (Type or print) S. Mongan September 23. 66 DEATH 19 S SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthdoy) Months Hours White Female WIDOWED March 10, 1895 DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT burial, cremotion, or removal, and in Own Home COUNTRY? Tilghmanton. Md. U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Franklin Mongan Emma Rohrer WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) [If yes give wor or dates of service) No. Mr. Jeremiah Mongan, Fairplay Rfd. 1. Md None 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c), PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-transit p IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse **DEVINERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES [NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY_OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work at work 21. I certify that (1) (this haspital) attended the deceased from NOV 24 . 1958 . to . 19 66 that (I) \$300 last Sep 23 saw the deceased alive an Aug 19 66, and that death accurred at M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 52 Sept 26, 1966 M.D. PHYS. 22d. ADDRESS PHYSICIAN'S M. E. Byrkit NAME (Type) Williamsport Maryland 21795 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) REMOVAL (Specify)
Buriel 9- 27- 66 Tilghmanton, Md. 9 Manor Cemetery 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR welly John H. Bast, Jr. 112 N. Main St. Boonsboro. Md.



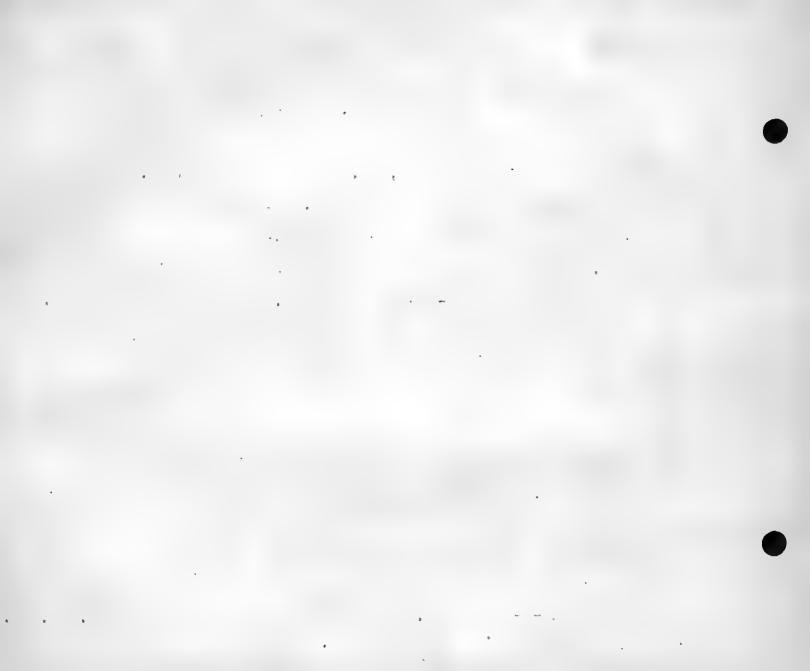
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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HEALTH DEM.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residen 3 COUNTY	ce before odm ssion)
Lry delay is 2, and 3 to PM3. Page portment of safer death.	O COUNTY Washington MARY AND O STATE Maryland b. COUNTY Was	hington
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Dessae 170 Manual 170		
Yes, no prunknown) (If yes give wor or dotes of service) 218-01-3028 Mr. Solie Mongan Jr. R # 2 Smithsburg, Md.		
should be e ne word "per o the Chief i burral-transit mation, or re	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congestive heart failure	ONSET AND DEATH Sev. days
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XAM tre th ge 4 your your age d oge	Hour o.m. 19 While of work of	
L EX recut Page for y NR: Po	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion	
se exector. Pred for Ecror. Pred for Ecror.	death resulted fram: Natural couses 🔀 . Accident 🔲 , Suigide 🔲 , Hamicide 🔲 Undetermined manner 🗍	
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A de de de sir	SIGNATURE MD	
ERA PER	EXAMINER'S Howard N. Weeks, M.D. DEPUTY MEDICAL EXAMINER 580 Northern Ave. Address (Street, city, town or county) Hagerstown	
230 RIP AL COMMATION 236 DATE THEREOF 232 NAME OF CEMETERY OF COMMATORY 234 LOCATION (City or Town) (County) (County)		
Replin - 9/2)/00 Real Rayen (emelery rager alown washington 14		
24 FUNERAL DIRECTOR 25b. REGISTRARS SIGNATURE		
VR A15ME (5) Rest Haven Funeral Chapel Hagerstown, Md. DATE SEP 22 1966 Icharles Judge		

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S CERTIFICATE** OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Washington Maryland Fredericken MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown Several hrs Rocky Ridge rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours Washington County Hospital NOK 3. NAME OF Middle Month Year the 72 DECEASED Alton Monroe Myers, Sept. 26 Jr. 66 (Typa or print) DEATH 19 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last hythday) Months Days 19481 Hours male Sept. white DIVORCED | pages I and in any event MAMINER: This certificate should be executed within 24 hours after deal certificate, writing the word "pending" in pencil in Item 18. Give Paruld be forwarded to the Chief Medical Examiner's Office along with 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laborer Construction Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alton M. Myers Edith Penwell and and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)
(If yes give war or dates of service)
NO 17. INFORMANT Addresa 16. SOCIAL SECURITY NO. permit. F 212-50-7236 Rocky Ridge. Md. Alton M. Myers 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ONSET AND DEATH burial-transit DUE TO Blood 721'n 24d Conditions, if eny, which gave rise to immediate Compression DUE TO Jud cause (a), stating the underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO F should be gent, prior 208. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Denetrating Brain Nail from Stud gun ricocheted 3 shoul agent, MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) at work rederick at work should 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection Inquiry and In my opinion files. DIRECTOR: death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER director. Pag retained for O FUNERAL DI of Health or OEPUTY MEDICAL EXAMINER X NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION,

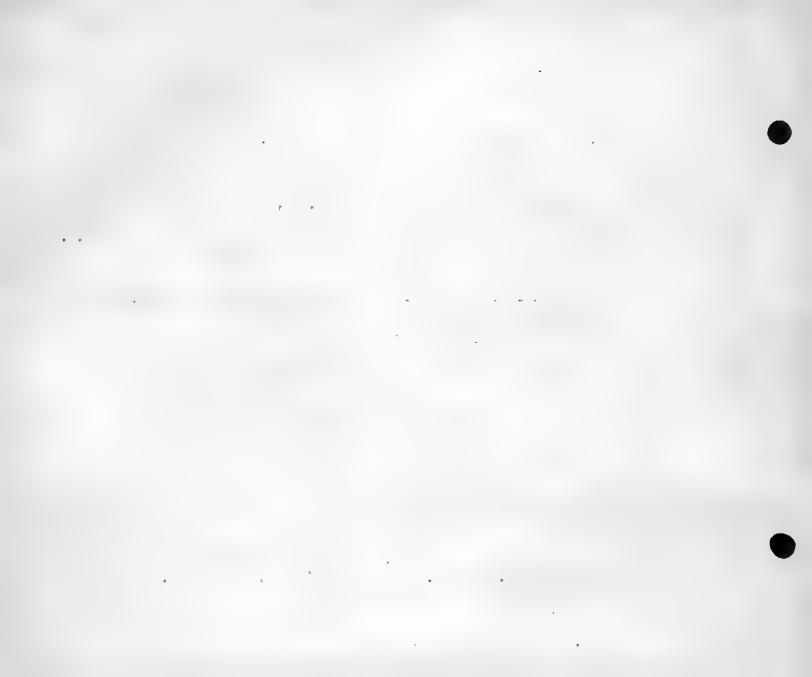
BURIAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 10-1-66 9 Mt. Hope Cemetery Woodsboro Fred. Co. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE vanond 1966 VR A 5ME (5) hurmont. DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13350CERTIFICATE OF DEATH h law requires that the leath certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Anysition and campletely filled in by the funeral PLACE OF DEATH E. COUNTY Shington o. COUNTY o. STATE larvl and MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 6 Days Haserstown __erstcan e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 301 S. Mont Valla Ave. NO K County Hos ital YES [3. NAME OF Middle 4. DATE Month Doy Lost Yeor DECEASED N.N Mesi September Salv...tore 19 (Type or print) DEATH crematian, ar remaval, and in any event. IF UNDER I YEAR 9. AGE (in years lost birthdoy) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Doys Hours June WIDOWED X DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Lechi, I taly Hotel 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Ponzro Leo Mest 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. South Int 3C3 South Fent Hagers to m, -u. Vallanve **O FUNERAL DIRECTOR:** After this certificate has been signed by the attendir director, nane 3 shauld be detached far use as the burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) FrankS. 705-1:-0010 Hese 18. CAUSE OF DEATH (Enter only one couse per line for (a); (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse G HOSPITAL OR ATTENDING PHYSICIAN! The low re Page 4 may be retained by the hospital or attending detached far use as the te Dept, of Health priar tal last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? NO 200 ACCIPINT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that (1) (this haspital) attended the deceased from July 3 1959, to 54 /1, 1966, that (1) (we) last 19 66, and that deoth occurred at \$ 120PM, from causes and on the date stated above. sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D DIRECTOR 22d. ADDRESS 22c PHYSICIAN S NAME (Type) directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 230. BURIAL CREMATION, REMOVAL (Specify) Rose Hill gerstown, Laryl and Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) >= Funeral Hone Inc. 1966 in DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 WASHINGTON COUNTY HOSPITAL 810 INTERVAL ROAD No X YES executed within with NAME OF 3. First Middle Last DATE Month Day Year DECEASED THEODORE W. PETERS SEPTEMBER 28 19 66 comple (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. 7. MARRIED NEVER MARRIED last birthday) Months Davs Lem' MALE WHITE WIDOWED K DIVORCED [JAN. 11.1887 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physicia during most of working life, even if retired) INDUSTRY PRODUCE U.S.A. LABORER MARYLAND death certificate. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend-transit permit. 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknwn) (If yes give war or dates of service) WELFARE NO 219-01-8635 BOARD HAGERSTOWN. MARYLAND CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed l urial-tra urial, cr DUE TO Terioscleritic Cardiovascular Arisease Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY for use Health p PERFORMED? NO L YES 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached f Jept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While at work Not While OR ATTENDING I 19 at work p.m. 28 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 to DIRECTOR: / age 3 should iled with the 1966 and that death occurred at PM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page MED. ATTENDING 30/1966 PHYS. 22d, ADDRESS 22c. PHYSICIAN'S director, p should be 1 NAME (Type) FRANK F. SHUPP M.D. POTOMAC ST. HAGERSTOWN, MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) ROSE HILL CEMETERY HAGERSTOWN, MARYLAND 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Washington a. COUNTY a. STATE b. COUNTY AGEROSTOWN MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH DE STAY IN 1b. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS DN A FARM? WASHINGTON COUNTY HOSP D.O.A. No X 3. NAME OF DECEASED 1966 DEATH (Type or print) 9. AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED O I YORGED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY EAST BERLIN, PA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RESSIE MELINTIRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) 1(1) yes give war or dates of service) GON CLAYTON AVE 16. SOCIAL SECURITY NO. | 17. INFORMANT 175-10-0390 ESTELLA S. PHILIPS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] OUE TO Harked hyperteephy + Dilatations of mediate (b) (3,196) PART I. OEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate Advanced Arteriosclorotic Heart couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES | 冈 NO F 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry 🔀. and In my opinion death resulted from: Natural causes , Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 🔀 10-1-66 Edward W. Ditto. III. M.D. Hagerstown, Maryl retained Address (Street, city, town, or county) 23d. LOCATION (City, town of county)) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION J. 23b. OATE THEREOF ハインハクハケーアとている 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR ALSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after Jeath. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Washington Washington MARYLAND papers. Pages in 72 hours afte b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 write RURAL and give nearest town) hours Haaerstown Hagerstown Md R.R.#6 .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS **B. IS RESIDENCE** ON A FARM Western Maryland State Hospital NOA YES withir within completely carbon 3. NAME OF DATE Month Last 4. Day DECEASED event, (Type or print) DEATH SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR last birthday) | Months | Days 7. MARRIED DATE OF BURTH. FUNDER 24 HRS remove NEVER MARRIED Months Davs any and HOLACE (County & State, or foreign country) WIDOWED DIVORCED hysician a 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and Oun Home Frostburg Md. nert....c.nte 13. FATHER'S NAME Grank Whetstone Mollie Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. burial, cremation, or 160 (Yes, no, or unkown) (If yes give war or dates of service) Chauncey S. Pinney Hagerstown, Md. R.R. #6 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET_AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician IMMEDIATE CAUSE (a) signed 1 DUE TO Conditions, if any, which gave rise to immediate 書き DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate his for use Health PERFORMED? YES NO. 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be det factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m at work be retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF Page 4 may b DIRECTOR PHYSICIAN FUNERAL 22d. ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION, THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State 23b. 23a. REMOVAL (Specify) 2 Hagerstown Md FUNERAL DIRECTO REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Chapel Inc. Hagerstown Md Juneral VR A15 (4) 20M 1/65

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212-09-,1.3

17.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) campletely filled in by the funeral lave carbon papers. Pages 1 and PLACE OF DEATH p. COUNTY o. STATE b. COUNTY Washington Md. Wash. MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Hagerstown C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours Hagerstown d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Washington County Hospital 205 Division Ave. YES NO [NAME OF First Middle 4 DATE Lost Year DECEASED Baby Boy Rich Sept. 25, 66 (Type or print) DEATH 9. AGE (In years lost birthdoy) S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** emave Months Hougs Sept. 25, male white 66 QUI WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Hagerstown, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaya Thomas M. Rich Jo Ann Kester signed by the attending 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service ㅁ Thomas M1 Rich, Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per Juny fgr (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse as the this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO f 200, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour om. factory, street, office blda., etc.) Not While at work TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram shauld and that death accurred at #1.45 by from couses and on the date stated above saw the deceased alive on 22o. SIGNATSIRE DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRESS . director, po should be f NAME (Type) 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 9-26-66 Rose Hill Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR **ADDRESS** 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE SEP Minnich Funeral Home, Hagerstown, Md. 0.2 401



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death signed by the attending physicians and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, crematian, or remaval, and in any event, within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. Style Penna a_COUNTY **b_county** ton shin MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give neorest town Greencastle R torm e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO 🔽 County 3 NAME OF Middle DATE First Day Year DECEASED DEATH September MARY RZOMP Type ar print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last_birthday) Months Days Hours July Thi te Fem le WIDOWED DIVORCED Oa USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12 CIT ZEN OF WHAT during most of working life even if retired) COUNTRY? **INDUSTRY** Brenizar Penna 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stella "isniewski Stanley Olclakowski WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) 8-20-0201 Cusimir H. Raons Greensastle INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ONSEJAND DEATH IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PRESIDENCE TO SECURE BY SECURE. Page 4 may be retained by the haspital at attending physician.

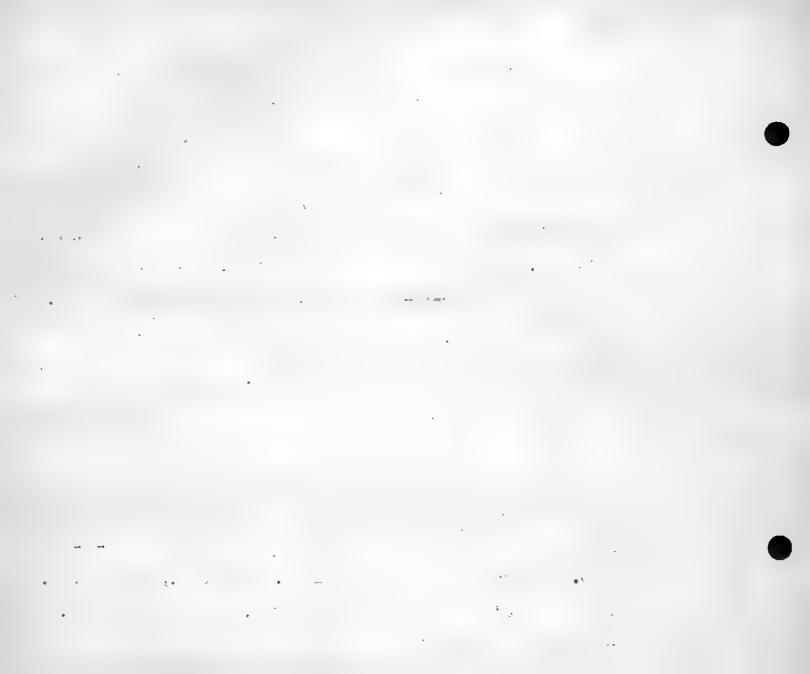
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trandiction. DUE TO Conditions, if ony, which gove (b) rise ta immediate cause (a), **DUE TO** stating the underlying couse last. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) No 🔀 20o ACCIDENT WAS UNDERLYING I 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or Iown) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram Many 9 , 1966, to Jupit _, 1966, that (I) (we) last 19.66, and that death accorred at 422AM, from causes and an the date stated above saw the deceased alive an Jent 22b DATE SIGNED 22o, SIGNATURE STAFF PHYS **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 215 NAME (Type) John ioran 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23b DATE THEREOF (State) 23a. BUR AL CREMATION, REMOVAL (Specity) airsvill S. Simon SJude e 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Andrew Home uneral 1966 Marke 20 M 1/66 DATE



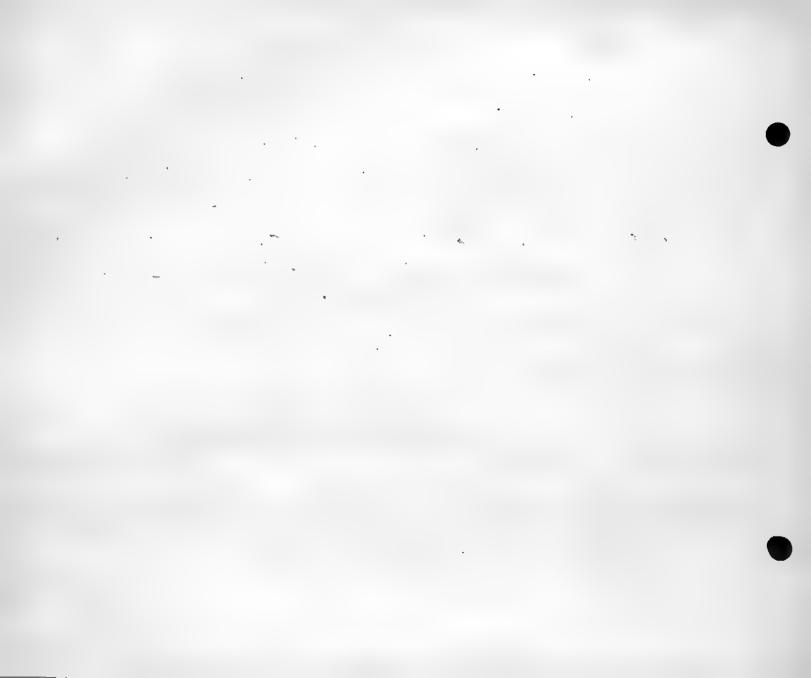
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) physician and campletely filled in by the funeral o. COUNTY Washington o. STATE b. COUNTY Marv1and Washington MARYLAND c CITY OR TOWN (If outside carparate amits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, Harer Stown oan papers. Pag within 72 hours 1 day rural Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2428 Jefferson Blvd. Washington County Hospital NÖ YES [First Middle 4 DATE 3 NAME OF Lost Day Year DECEASED ELIZABETH SENSENBAUGH Sept. 19 66 THELMA 2 (Type or print) DEATH IF UNDER 24 HRS S SEX 9 AGE (In years 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIEO 8 DATE OF BIRTH last birthday white May 5, 1911 WIDOWED DIVORCED female 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) teacher public Smithsburg. Md. school 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Anna M. Shank George E. Winders 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give war or dates of service) 219-36-3807 Glenn Sensenbaugh Hagerstown, Md no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause perfine for (a), (b), and (c) burial-transit PART I. DEATH WAS CAUSED BY signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Channe NO 📊 be retained by the haspital or for 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or fawn) (County) Not While factore litreet, affice bldg , etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram 15 1/4 , 1 saw the deceased alive on 5 1/4 12 1966, and that death accurred at 19 66, that (1) (we) last 1950 M, from causes and on the date stated above. 22b. DATESIGNED 22a. SIGNATURE ATTENOING M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 159 W. Washington St., Hagerstown, Md. NAME (Type hilip J. Hirshman.M.D. 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL CREMATION, burial (Specify) 9/5/66 Rest Haven Cemetery Hagerstown, 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Marley Judge VR A15 (4) DATE SEP Hagerstown, Md. MINNICH FUNERAL HOME 20 M 1/8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTYWASHINGTON WASHINGTON a. STATE MARYLAND MARYLAND b. CITY DR TOWN (if outside corporate limits, write BURAL and give nearest town)
HAGERS TOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page in 72 hours a YRS. HAGERSTOWN Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? WASHINGTON COUNTY HOSPTTAL 64 NORTH within AVE. NO DO YES ! within etely carbon 3. NAME OF First Middle Last DATE Month Day DECEASED OF DEATH event, ROSS DALE SHINDLE SEPTEMBER COMPI 24 (Type or print) 66 19 6. COLOR OR RACE | 7. MARRIED X | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS гетоме last birthday) Months I Days MALE WH TTE 1909 WIDDWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) physician 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
RETIRED STOCKMAN COUNTRY? U.S.A. MARYLAND death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then WILLIAM E. SHINDLE ALICE EICHELBERGER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres HAGERSTOWN transit permit. (Yes, no, or unkown) (If yes give war or dates of service) MRS. LAURA SHINDLE MD. B. the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH à I-transi PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. been signed the burial-transfer to burial, creations IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause jast. 8 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? certificate NO [20a. ACCIDENT WAS UNDERLYING TO DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. ODESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) of, MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work O 21. I certify that (!) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 19 66, and that death occurred at 4/24/M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED þ page 9-26-66 DIRECTOR PHYS. director, pr 22c. PHYSICIAN'S 22d. ADDRESS JOHN (Type) Stauffer Prospect St. Hagerstown, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 66 BEAUTIFUL CEM. $\Lambda ext{TEM}$ STATE FUNERAL DIRECTOR ADDRESS. 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 1966 A15 (4) DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE after completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town 24 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES death certificate be executed within NAME OF 3. Last DATE Month Day Middle Year DECEASED and completemove carb (Type or print) DEATH 19 66 5. SEX COLOR OR RACE 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED Ξ. 10a. USUAL OCCUPATION (Give kind of work done! 10b. KIND OF BUSINESS OR (County & State, or foreign country) CITIZEN OF WHAT COUNTRY? 12. during most of working life, even if retired) INDUSTRY RIC. FATHER'S NAME attending or ermit. Then remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 17. been signed by the atten the burial-transit permit or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 0 CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN 18. (b), PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (3) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) AVAS AUTOPSY CERTIFICATION certificate h hed for use it. of Health p PERFORMED? NO 🗵 YES 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be detacher State Dept. this EDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING p.m. 19 at work at work ㅁ should ith the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the 3 M. from the causes and on the date stated above. saw the deceased alive a and that death occurred at 22a. SICNATURE DATE SIGNED 22b. 4 may be page MED. ATTENDING STAFF PHYS. PHYS DIRECTOR PHYSICIAN'S NAME (Type) O HOSPITAL FUNERAL 22c. 22d. director, p Page 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (CIty Atown or county) (State) FUNERAL DIRECTOR REGIS VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT** PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) delay it. nd 3 ta Page o. COUNTY o. STATE Washington b. COUNTY Maruland Washington death. MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate mits, write RURAL and give nearest tawn) write RURAL and give neacest tawn) after Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 hours Washington County Hospital 25 th Granklin St NO X 3 NAME OF M ddle Tast Day DECEASED Floud Leon Sixler DEATH September (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH E UNDER 1 YEAR NEVER MARRIED last pirthday) Months White February 13.1949 WIDOWED DIVORCED event 10a USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY dur ng most of work ng le even fret red) Concrete Pipe Mtg. Keedysville, Md. d "pending" in pencil in Chief Medical Examiner 13. FATHER'S NAME be executed within Mildred May Wolfe

Mildred May Wolfe

Address Hagerstown, Md.

Grancis E. Sisler Sr. 1020; Corbett St. Grancia E-Sister Sr. (Yes, na wenknawn) (If yes give war ar dates af service) removal 212-59-9986 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Brain stem injury (lac.) Б IMMEDIATE CAUSE (a) ward This certificate shamld crematian, DUE TO Conditions, if any, which gave trauma sudden rise ta immediate cause (a), DHE TO stating the underlying couse uned as burial, c last. 19 WAS AUTOPSY PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO T 20a EXTERNAL CAUSE WAS PR MARY OF OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) agent, priar was thrown from car in a collision, Rt. CALISE OF DEATH (City or town) 20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (County) factory, street, office bldg, etc.)
Highway Nat White ot work While FUNERAL DIRECTOR: Page 19 66 Marlowe. W. Va. a work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry death resulted from: Notweal couses Suicide Accident x Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 580 Northern Ave. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown. Md. 5 may 1 10 FUNE Health o NAME (Type) 23g. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVA. (Spec by) Rest Hoven Cemetery 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Tuneral Chapel Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please Temove carbon papers. Pages I and burial, cremation, or removal, and the past, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY WASHINGTON WASHINGTON MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate I mits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
HAGERSTOWN MOS. 12 DAYS RURAL HAGERSTOWN d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) R.D.# 2 WESTERN MARYLAND HOSPITAL NO X 3. NAME OF Middle 4 DATE OF DEATH DECEASED (Type or print) 9. AGE (In years last birthday) Haurs DIVORCED 🗖 WIDOWED 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or fatefan country) 12. CITIZEN OF WHAT COUNTRY? WASHINGTON CO. MARYLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME WILBUR SKELTON MARY BELLE DAVIS HAGERSTOWN. MARYLAND 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na prunknown) (If yes give war or dates of service 145 N. AVENUE NONE MR. LEONARD SHOEMAKER CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (b))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO be detached for use as the buriat-State Dept. of Health prior to burial, Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPS'
PERFORMED? PART 11. OTHER SUMMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. factory, street, affice blda., etc.) 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 should should be filed with the of J.L.M., fram Lauses and an the date stated above. and that death accurred at saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23g BURIAL, CREMATION RIPEMOVAL (Specify) 9/13/1966 CEDAR LAWN CEMETERY HAGERSTOWN 25a, REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURI 24 FUNERAL DIRECTOR VR A15 (4) C CHRRLES M. ROUZER HAGERSTOWN. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH offer beath. **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remove carbon gapers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH b. county ashington o. COUNTY Maryland ashington MARYLAND b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clearspring R.# remove carbon papers. Pagin any event, within 72 hours Hagerstown d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) Cress Pond Road ashington County Hospital YES NOK X 16,1986 NAME OF 4 DATE First Smi th Sep t DECEASED Marie OF Lisa (Type or print) DEATH AGE (In years DATE OF BIRTH IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED (ost birthday) Hours White Female Sept. 16, 1966 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUS NESS OR INDUSTRYNOne [] COUNTRYP during most of working life, even if retired) Hagerstown, Md. the ottending physician sit permit. Theo-phage 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Barbara Feiglev Robert L Smith buriof, cremation, or remd 16. SOCIAL SECURITY NO. 17. INFORMANT Cress Pond Clearspring. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service Robert L Smith None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c)) signed by the buriol-tronsit p HONSEL AND DEATH PART I. DEATH WAS CAUSED BY Congenital abnormality of diaphram IMMEDIATE CAUSE (o) with herniation of abdominal contents into left thorax with resultant atelectasis Page 4 may be retained by the hospital or attending physician JAK YO Conditions if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse hos been s director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION YES 🗶 NO [TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED foctory, street, office bldg , etc.) Not While ot work of work 9/16/66 19 . 19____, that (I) (we) last 2). I certify that (1) (this hospital), attended the deceased fram. A, and that death occurred at 4:30% fram causes and an the date stated above 9/16/66 19 saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** X 9/17/66 DIRECTOR PHYS. 22d. ADDRESS 580 Northern Ave Hagerstown, Maryland 22c. PHYSICIAN'S∠ NAME (Type) Howard N. Weeks. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) mash Rose Hill Cemetery Hagerstown. 250. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Home Inc. Coffman Funeral Ochanley VR A15 (4) 1956 gerstown warvland.



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funers and deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Washington Pages 1 Irs after Washington Maryland MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Hagerstown weeks RURAL- Williamsport bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital Williamsport Md YEST XI NO The law requires that the death certificate be executed within completely carbon 3. NAME OF DECEASED Middle DATE Month Year (Type or print) RALPH MAXWELL SNYDER DEATH Sept. 66 10 19 SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR last birthday) Months Days 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED гетноче any Male Whi te WIDOWEDX DIVORCED [.Tune 60 hysician an please reval, and in = 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Western Md.R.R Brakeman Wash. USA Maryland ermit Then ple 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Snyder Isaac Maude Renner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Prinesburg, Md. (Yes, no, or unkown) [(If yes give war or dates of service) WilliamsportRFD2 No Mr. Joseph M. Snyder crematibo, hospital or any seem ligneu by secrificate has been ligneu by a certificate has been ligneu by a certificate has the burial-transit of the certification of 18. CAUSE DF DEATH (Enter only one cause per line ONSET AND DEATH PART I, DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that till Page 4 may be retained by the hospital or attending physician. 2 Week IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTDPSY CERTIFICATION TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES T NO T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of i TO FUNERAL DIRECTOR: After this WEDICAL 2Dc, TIME OF INJURY Month, Day, Year 20d, INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 0 1966 to 9-10 3 should with the 21. I certify that (I) (this hospital) attended the deceased from 19 <u>4</u>. that (I) (we) last 6 and that death occurred at 2.55 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page MED. ATTENDING PHYS. M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) DATE THEREDE NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. 23c. 23d. LOCATION (City, town or county) (State) ParempyAD (Specify) 66 Greenlawn Cemeterv Williamsport. Maryland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR ! 25b. REGISTRAR'S SIGNATURE Albert Williamsport 1/65

... * A -₹ .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death gud filled in by the funeral papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before adm ssign) a. COUNTY b. COUNTY Washington offer MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparete imits, E. LENGTH OF STAY IN 15 write RURAL and give nearest town) Columbia Park d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Western Maryland State NO L 7612 Ridge Drive NAME OF 4 DATE pgu Month Doy DECEASED IhomAs Type or print OWARD DEATH IF UNDER TYEAR 1F UNDER 24 HRS S. SEX 6. COLOR OR RACE 7, MARRIED **NEVER MARRIED** Months lost birthday) Days Hours FE.b. 2,1911 male WIDOWED DIVORCED white 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Virginia Painter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Wilson Thomas J Katherine signed by the attending burial-transit permit. The Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dotes of service June C. Funk- 7627 Greenleaf Road 12-16-9295 crematian, Myattesville INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO cerebral thrombosis 6 mas. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying cause has been last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? HEART Clistasz NO 🔯 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (Stote) 20c. TIME OF INJURY Month. Day. Year Haur o.m factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this-hospital) attended the deceased fram CLDR 19 66, to 38pt. 5, 1966, that (1) (we) lost be retained director, page 3 shauld should be filed with the 1966, and that death occurred at 9:52M, from causes and on the date stated above. saw the deceased alive on Sept. 5. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** cames M.D. DIRECTOR PHYS. 22d. ADDRESS CURS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Frederick Ba Macedonia buria 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUMERAL DIRECTOR VR A15 (4) 20 M 1/66 Miarley

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. CDUNTY Waltvland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RIRAL and give nearest town) c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Rural- Downsville Hagers town
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? State hours Williamsport.Md. RFD Washington County Hospital NO 3. NAME OF Month First Middle Lest DATE Day Year DECEASED SOCKS (Type or print) ELIZABETH WOLFORD DEATH Sept. 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years . IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | WIDOWED Oct. DIVORCED . 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Giva kind of work dona) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stata or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Hotels Maryland
14. MÖTHER'S MAIDEN NAME TISA Charwomen 13. FATHER'S NAME Annie Wolford Earl Moats 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT WillTamsport (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, 214-14-6054 Mr. Charles Edgar Socks No INTERVAL BETWEEN ONSET AND DEATH 5 HRS. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURE OF LEFT VENRTICLE WITH CARDIAC TAMPONADE MYOCARDIAL INFARCTION, ANTERIOR APICAL REGION, THROMBOTIC OCCLUSION OF ANTERIOR DESCEND- Recent Conditions, If any, which gave rise to immediate CURONARY ARTERY (RECENT WITH FRESH DUE TO causa (a), stating tha FRACTURED FEMUR undarlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES X ND [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 should lagent, pri 20d, INJURY DCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) MEDI 4:20 p.m. Aug. 70966 et work at work WILLIAMSPORT Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection should Undetermined manner Homicide death resulted from: Natural causes x, Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SEPT. 8, 1966 DEPUTY MEDICAL EXAMINER DE director. retained DR. E. W. DITTO, JR. M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23b. DATE THEREOF BURIAL, CREMATION, Sept. 10.1966 Bakersville Cemetery Bakersville 25a. REC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 19 VR A15ME (5) Albert L. Leaf Williamsport, Md. 1/65

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Item 20b Film 380 9-19-6 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13366 HEALTH DEPT. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY 3 to Poge Washington with the State Deportment of within 72 hours after death Maryland Washington deloy b CITY OR TOWN (If outside corporate l.m.ts, write RURAL and give nearest town) c LENGTH OF STAY IN b c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) puo Williamsport Life Big Spring, Marvland d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street oddress) e IS RESIDENCE ON A FARM? YES NO VE Item 18. Give Poges Williamsport Maryland R.F.D hours ofter death 3. NAME OF 4. DATE DECEASED (Type or print) DEATH Harold Gene 9 AGE (In years 200 birthdoy) S. SEX 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** Months Hours DIVORCED Dec. 23. WIDOWED Male White
100 LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) U.S.A. Brick Uard Maryland Fireman Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within File Lauren Stevens Louise Shaw 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address a burial-transit permit. cremotian, or removal, (Yes, no, or unknown) (If yes give wor or dates of service) No 219-31-7369 Patricia Stevens Big Spring, Md. 1B. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Gunshot wound of chest IMMEDIATE CAUSE (a) certificate should e, writing the ward forwarded to the Ch DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse used os burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO MATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? ·while removing 0.27 rifle from auto, man pulled trigger - struck Mr. Stevens 100 yds away. NO X 200 EXTERNAL CAUSE WAS PRIMARY OF CONTR BUTING 20b DESCR BE HOW INJURY OCCURRED (Enter noture of njury in Port 1 or Port II of Item 1B) PANILINION FINTALAH HINAKHUJAHKELINIKI 117044 CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) While Not While of work foctory, street, office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page williamsport wash Seh+ 2,1966 Factory 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection A. Inquiry X, and in my opinian death resulted fram: Natural causes . Accident X Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE / TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Edward W. Ditto III. M.D. 5 may 1 O FUNE! Health (Hag. Address (Street, city, town, or county) NAME (Type) 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMPY44 (Spenfy) Sept. 5.66 Shank town 250, REC D BY REGISTRAR 250 REGISTRAR SIGNATURE ADDRESS 24. EUNERAL DIRECTOR VR A15ME Clear Spring 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HASERSTOWN HAGERSTOWN 르 DAYS filled in papers. iin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address. e, IS RESIDENCE d. STREET ADDRESS ON A FARM? WASHINGTON COUNTY HOSPITAL 209 MEALEY PKWY YES NO X completely pou 3. NAME OF DECEASED First Middle Last DATE Month DEATH SEPTEMBER 19 66 (Type or print) HOWARD KIEFFER 15 STICKELL 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years HF UNDER 1 YEAR HF UNDER 24 HRS last birthday) Months and MALE SEPT. 25,1884 WIDOWEO TY DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. COUNTRY? INDUSTRY GRAIN MILL RETIRED OFFICIAL WASHINGTON CO. . MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANIEL A. STICKELL LAURA MIDDLEKAUFF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAJERSYCON MARYLAND (Yes, no, or unkown) (If yes give war or dates of service) NO MARGARET STICKELL 209 MEALEY PKWY. been signed of the burial transit prior to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) etia static Carcinema DUE TO Carcinoma Conditions, If any, which Cell gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY certificate h hed for use t, of Health p PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from $A \vee S$ 19 18 to 50 10t - 15 saw the deceased alive on Soft and that death occurred at 8.7. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SICNED ATTENDING PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN 22d. ADDRESS director, p should be NAME (Lype) HOFFMAN M.D. POTOMAC ST. HAJERSTOWN, MD. LOYD 23b. DATE THEREOF BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 9/19/1966 ROSE HAGERSTOWN. MARYLAND 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SICNATURE CHARLES M. ROUZER HAGERSTOWN, MARYLAND 1966 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14 MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived, 1f Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 irs after WASHINGTON VIRGINIA BERKLEY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page hin 72 hours HAGERSTOWN RURAL HEDGESVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 426 SUMMIT AVENUE we carbon pap event, within R. D.# YES . NO D within completely NAME OF First Middle 4. DATE Month Day Lest Year DECEASED (Type or print) RUTH SEPT. BAIRD STONE DEATH 19 66 executed AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH геточе 7. MARRIED NEVER MARRIED [in any and FEMALE WIDOWED X JAN. 11.1897 DIVORCED | 69 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired)
HOMEMAKER be OWN HOME WASHINGTON CO. MARYLAND U.S.A certificate 百 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then JOHN RHODES FLORENCE HEMPHILL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAJEMOTOWN. MD. transit permit. death 216_14_6165 RALPH SODERGREN N. COLONIAL DR the INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the been signed by the burial-transit or to burial, creman PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) t 26 DUE TO Cenditions, If any, which rise to immediate DUE TO cause (a), stating the prior underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate NO P YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) hed for the formal to the formal to the formal form MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. Not While After at work OR ATTENDING be retained by D.m. at work d 21. I certify that (I) (this hospital) attended the deceased from that (I) (w/e) last DIRECTOR: age 3 should lied with the 7270 M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED 22a. RSIGNATURE 22b. director, page 3 should be filed v ATTENDING MED. /2/1966 9 DIRECTOR PHYS. 4 may O HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS NAME (Type) DONALD MARTIN POTOMAC ST. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City, town or county) (State) BURIAL CREMATION. BIEMPYAL (Specify) 1966 REST HAVEN CEMETERY HAGERSTOWN MARYLAND 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 VR A15 (4) M. ROUZER HAGERSTOWN. 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1336! campletely filled in by the funeral area of area carbon papers. Pages I and 2 ween within 77 hours after death. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTYI, shir, ton o. COUNTY a shing ton MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 4 Hrs. Keedwaville. a stown IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6 Luin Stret ashington County Mes ital YES NO DA 3 NAME OF 4 DATE DECEASED
(Type or print) Selteller Stotler Sr. Churles Lairan DEATH 9 AGE (In years " Igst birthdoy) IE UNDER 1 YEAR | I IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 9,1900 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o US, AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) NDUSTRY Franklin Co. Penna. Lurber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Croner Charles M. Stotler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or Jinknown) (If yes give wor or dotes of service) tler Leedy 347-10-9006 les Ann IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ! rise to immediate couse (a), DUF TO as the l stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health p NO 20° ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or Town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED foctory, street, office bldg , etc.) Nor While 21. I certify that (1) this haspital) attended the deceased from 19 19 29 and that death acc 19 6 and that death accurred at 7:30 PM, from causes and an the date stated obove saw the deceased alive on 220. SIGNAPUR 22b. DATE SIGNED MED DIRECTOR M.D ADDRESS 22c, PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, REMOVAL (Specify) Pose Hill Cenetary da ;erstom - d 25b. REGISTRAR S SIGNATURE 2So. REC D BY REGISTRAR VR A15 (4) Charles Vide 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 2 MONTHS 드 HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 1034 HAMILTON BLVD YES NO X within NAME OF DECEASED 3. First Middle Last DATE Month Day Year MADELINE REYNOLDS (Type or print) STOUFFER DEATH SEPTEMBER 10 19 66 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED ACE (In years HF UNDER 1 YEAR HF UNDER 24 HRS last birthday) (Months I Days Hours FEMALE WIDOWED ! DIVORCED [NOV. 11.1898 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY RETIRED SECRETARY REAL ESTATE WASHINGTON CO. MARYLAND U.S.A death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova ELMER C. STOUFFER EURAH F. REYNOLDS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FIASTARCITE SOWN MARYLAND (Yes, no, or unkown) I (If yes give war or dates of service) transit perm cremation, o 214-09-7288A MISS. CHARLOTTE STOUFFER 1034 HAMILTON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). or attending physician. Carcinoma Of Stomach 6 months been something, DUE TO Conditions, If any, which (h) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2) WAS AUTOPSY for use Health PERFORMED? NO TO YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY DCCURRED 20f. (City or town) (County) (State) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from March 1. _, 19 66, to Sept. 10., 19 66, that (i) (we) last 19 66, and that death occurred at 7:45M, from the causes and on the date stated above. saw the deceased alive on Sept. 22a. SICNATURE 22b. DATE SIGNED **6** 8 page ATTENDING PHYS. STAFF PHYS. MED. M.D. DIRECTOR 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) director, should b EDWARD JR. M.D. W. WASH. ST. HAGERSTOWN, MD. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUR AL (Specify) ROSE HILL CEMETER) HAGERSTOWN MARYLAND 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE CHARLES M. ROUZER HAGERSTOWN, MARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13371 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove corbon papers. Pages 1 and many event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b COUNTY Washington Maryland Washinaton hours after MARYLAND CITY OR TOWN (II outside carporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (It autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Hagerstown 56 yrs Haaerstown d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1049 Crestwood Drive 1049 Crestwood YES 🗀 NO X 3 NAME OF Middle Last Day Year DECEASED Mollie OF DEATH Elizabeth Stover September 14 66 (Type or print) S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 9 AGE (n years IF UNDER 24 HRS. birthdoy) Dovs Hours Female White July 16, 1878 WIDOWED X DIVORCED 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working I to even if retired) INDUSTRY State Line, Penna. Own Home 14. MOTHER'S MAIDEN NAM! 13. FATHER'S NAME George Sellers Mary Ellen Runnel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Hagerstown, Md. buriol-tronsit permit. (Yes, no, or unknown) (11 yes give war ar dates of service) 1049 Crestwood Dr INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the prior to b 19. WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION Health | YES NO or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of Item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the degeased from 19 6 and that death accurred at 7.75/M, from causes and on the date stated abave. saw the deceased alive an 22 g.E-SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR , page 3 be filed 22d ADDRESS PHYSICIAN'S Donald E. Martin, M.D. 418 N. Potomac St., Hagerstown, Md. NAME (Type) director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Md. Wash. Rest Haven Cemetery Hagerstown 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) 1966 Rest Haven Juneral Chapel Hagerstown Md. 20 M 1/66



1 :	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI	NΠ
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	372
HEALTH DEPT.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence is a COUNTY	sefore admission)
27 0 4 2	Washington Maryland Washing	ton
ssary nera men eath	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nearest town)
cessary, me funeral e 5 may be Department after death.	Hagerstown Maryland 29yrs Hagerstown Maryland	. /
ge 5 aft	7 7 4 7 9	IS RESIDENCE ON A FARM?
delay nd 3 to Page State hours	134 Clarkson Ave. 134 Clarkson Ave. YE 3. NAME OF First Middle Last 4. DATE Month Day	Year
17. M3. M3. M3. M3. M3. M3. M3. M3. M3. M3	OFEEASED (Type or print) Clayton: Lewis Valentine DEATH Sept 9	19 66
ith. If all ges 1, 2 form P 2 within within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 21 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR) II	FUNDER 24 HRS
ages for for 2 w	Male Colored WIDOWED DIVORCED July 12 1910 56 yrs.	Hours Min.
r de	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN 0	F WHAT
18. Give Pag along with along with along and 2	Waiter Hotel Maryville Tenn USA.	
14 ho lten Office and	Charles W. Valentine Beulah Warnner 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY ND. 17. INFORMANT Address	
in 2 s C s C	(Yes, no, or unknown) (Ifyes give war or dates of service)	enn.
ed with in penc (aminer (aminer it perm ir remo	1 18. CAUSE OF DEATH FEnter only one cause per line for (a), (b), and (c), 1	VAL BETWEEN
uted with in penci Examiner ssit permi		tant
ild be executed "pending" in 1 if Medical Exam s burial-transit p cremation, or 1	466 X DUE TO	
be e Medi Medi emat	Conditions, if any, which gave rise to immediate (b) Probable Thrombosis Right Saphenous Vein	
	cause (a), stating the DUE TO underlying cause last.	
		WAS AUTDPSY PERFORMED?
ficate the the vo the to bu	YES	ND 🗀
+ m- 8 -	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COURSED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH.	
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NER. ficat dag	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work	
EXAMINE Certificates to the certificates of th		in my opinion
EXAMI should files. TOR: Pa	death resulted from: Natural causes 📆, Accident 🗌, Suicide 🔝, Homicide 📄, Undetermined manner	
Tra o E R	ACTUAL AC	DATE SIGNED
execute Page I for you RAL DIRI	DEPUTY MEDICAL EXAMINER X 9-1.0-	-66
	NAME (Type) Dr. E. W. Ditto, Jr. Address (Street, city, town, or county) Hagerstown.	_Md
D DEPUT please director retained FUNE of Heal	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
5 2 2 5 2	Burial 9-/3-1966 National Cemetery Knoxville, Tenn.	TURE
VR AISME (5)	Del 2) 1 to a 11 to a 1 SEP 11 1966 Minute	
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PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution) Rasidance before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest Yown) town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DATE Middla Month Yaar DECEASED OF within (Typa or print) and cor 19 66 5. SEX In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED IN NEVER MARRIED F birthday) Months event, WIDOWED [" DIVORCED remove 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) afferhaing p 13. FATHER'S NAME 15. WAS DECEÁSED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Address [Yes, no, or unkown) ; (If yes give war or dates of service) has been signed by the permit. 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).] UNTERVAL BETWEEN PO ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction days burial-transit Conditions, if any, which (b) Coronary thrombosis gave rise to immediate causa DUE TO (a), stating the underlying (c) Coronary atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY use as PERFORMED? prior NO J Acute appendicitis--appendectomy 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH detached ILE EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY 20e, PLACE OF INJURY (Homa, ferm, 1 2Dd. INJURY OCCURRED I Month, Day, Yaar 20f. (City or town) (County) (Stata) οţ factory, straet, office bldg., etc.) Hour a.m. Not While DIRECTOR: at work at work 22a. SIGNATURE 22b. DATE ATTENDING MED. SIGNED death. Page 4 rector, page 区 DIRECTOR PHYS. PHYS. M.D. 22c. PHISICIAN'S 22d. ADDRESS NAME (Type) Greencastle, Pennsylvania William C. Brewer. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county る音品 REC'D BY REGISTRAR 25b. REGISTRAR'S MGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S [4] DATE 20M S-63





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. 24 hours after death, PLACE OF CEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 Instaffer MARYLAND WASHINGTON WASHINGTON MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 DAYS HAGERSTOWN HAGERSTOWN .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) **6. IS RESIDENCE** d. STREET ADDRESS ON A FARM? 644 JEFFERSON BLVD. WASHINGTON COUNTY HOSPITAL YES No. executed within etely 3. NAME OF OECEASEO First Middle Last DATE Month Day EDWARD WETZEL. III SEPT. comple (Type or print) RAYMOND DEATH 66 19 AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. ешоле 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO NEVER MARRIEO X last birthday) Months MALE WIDOWED SEPT. 2.1966 DIVORCED [Yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) NONE COUNTRY? WASHINGTON CB., MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ing ph Then SHIRLEY BOSCH RAYMOND WETZEL attendi HAGERSTOWN. MD. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attent the burial-transit permit. In to burial, cremation, or in (Yes, no, or unknwn) (If yes give war or dates of service) death RAYMOND E. WETZEL. JR. 644 JEFFERSON BLVD. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HCU attending physician. Meningitis + Diffuse Pulmonary Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT REL WAS AUTOPSY for use Health certificate PERFORMEO? YES X NO T 20a. ACCIOENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached for MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work at work DIRECTOR: A age 3 should iled with the S 1966 v 19.66_, that (I) (we)-last 21. I certify that (I) (this-hospital)-attended the deceased from M, from the causes and on the date stated above. 1966 and that death occurred at & saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED page filed ATTENOING 9/7/1966 OIRECTOR ___ TOSTITAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) W. WASH. ST. HAGERSTOWN. 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) HAGERSTOWN. SEPT. 8,1966 ROSE HILL CEMETERY MARYLAND 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR A15 (4) 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Washington Washington Maryland vithin 72 hours after MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)
Hagerstown Hagerstown vears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE and campletely filled in ON A FARM? 124 W. Howard St. 124 W. Howard St. NO [YES 🗌 carban 3 NAME OF First Middle 4 DATE Month Year tast Day DECEASED 1966 Sept. JOHN LUTHER WIEBEL. SR. (Type or pant) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. cémave c S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Jost birthday) Manths Days Haurs WIDOWED 3 April 19.1387 white DIVORCED male 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most at working life, even if retired) INDUSTRY Hagerstown, Md. Weaver ribbon mfg. 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME or remayal, Augustus Wiebel Maryetta Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hagerstown, Md. Edward Wiebel, Sr. no crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause ath so O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 10 una NO Z the haspital or ģ 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Not While at wark _, 19.66, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from_ O HOSPITAL OR ATTEND Page 4 may be retained 1966, and that death accurred at & A M, from causes and on the date stated above saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATUR ATTENDING M.D. DIRECTOR PHYS director, page should be filed 22d. ADDRESS NOVENSTEIN EUNKSTOWN NAME (Type) 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) brula! 9/6/66 Rose Hill Cemetery Hagerstown, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A1II (4) 1966 Hagerstown, Md. 20 M 1/66 DATE MINNICH FUNERAL HOME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY bon papers. Pages 1 a within 72 hours after d Maryland Washington Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Williamsport weeks RFD Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Cedar Grove Washington County Hospital YES NO X executed within completely carbon NAME OF Middle DATE Month Day Year Last 4. DECEASED 18 1966 Bept. DEATH (Type or print) Jerry Elias Young AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remove any and Aug. 1886 White Male WIDOWED DIVORCED [.= 10a. USUAL OCCUPATION (Cive kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) led by the attending physician transit permit. Then please if cemation, or removal, and in law requires that the death certificate be during most of working life, even If retired) INDUSTRY U.S.A Labor Maryland Tannery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Thomas Jerry Young Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Williamsport 16. SOCIAL SECURITYNO. | 17. INFORMANT Yes, no, or unkown) ((If yes give war or dates of service) Mrs. Sophia Young 01 RED INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH been signed by t the burial-transit or to burial, crema FART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremin 2-3 weeks D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO leukemia, chronic and nephrosclerosis Conditions, If any, which vears gave rise to Immediate DUE TO cause (a), stating the has b as th prior underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY certificate higher for use of the alth potential PERFORMED? NO TH Malnutrition and dehydration 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DIRECTOR: After this certinge 3 should be detached led with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Ноиг а.т. 19 at work at work p.m. __ 19 61 to Sept., 1966, that (I) (we) last Sept. 21. I certify that (i) (this hospital) attended the deceased from. 81966 and that death occurred at A.M. from the causes and on the date stated above. Sept. saw the deceased alive on. 22b. DATE SIGNED 22a. SICNATURE ATTENDING K page STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 580 Northern Avenue FUNERAL PHYSICIAN'S director, p NAME (Type) Howard Weeks. M.D. N. Hagerstown, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) 21-66 Greenlawn Cemetery Williamsport 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE **ADDRESS** 24. FUNERAL DIRECTOR Municer Albert L. Leaf Williamsport Md. VR A15 (4) 20M

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after Washington Marvland Washington MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Williamsport 10 hrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Washington County Hospital 120 S. Conococheague St. YES NO X executed within and completely NAME OF DECEASED 3. Middle Day Year Last (Type or print) Earl Theodore Zimmerman DEATH Sept. 18 1966 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min remove 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIEO Months any Male White WIODWED X DIVORCED 1894 Nov. and in a 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND DE BUSINESS DE Ha MUPES COM 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Sician ease þe during most of working life, even if retired) COUNTRY? Labor Maryland U.S. Plant er requires that the death certificate attending pin 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME removal. Cletus Zimmerman Mary Jane Trumpower 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN' Conococheague St. transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Rupp Williamsport Md. Mrs. Harry signed by the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit p PART I, DEATH WAS CAUSED BY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. 0 IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) certificate has been gave rise to immediate the the DUE TD cause (a), stating as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPS SEASE CONDITION GIVEN IN BART 1(a) for use Health PERFORMED? CERTIFICAT YES X NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached fr DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc. State Hour a.m. FUNERAL OIRECTOR: After irector, page 3 should be diould be filed with the State While Not While at work at work that (I) (we) last certify that (!) (this hospital) attended the deceased from and that death occurred at A_M, from the causes and on the date stated above. sew the deceased alive on 22b. DATE SIGNED 223 SIGNATUR ATTENDING MED DIRECTOR PHYSICIAN'S 22d. director, p RICHARD POTOMAC AVENUE HAGERSTOWN. MD. BINFORD, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) 2 20-66 Greenlawn Cemetery Williamsport Sept. 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR 25a. REC'O BY REGISTRAR I leavely 1966 Albert L. Leaf Williamsport Md. VR A15 (4) 1/65 20M

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